THE MEDICAL NEWS.

A WEEKLY JOURNAL OF MEDICAL SCIENCE.

VOL. XLIV. SATURDAY, JANUARY 12, 1884. No. 2.

ORIGINAL LECTURES.

VAGINITIS AND VULVITIS.

A Clinical Lecture, delivered at the Long Island College Hospital.

BY ALEXANDER J. C. SKENE, M.D.,

PROFESSOR OF GYNECOLOGY AND SURGEON TO THE LONG ISLAND COLLEGE HOSPITAL.

(Reported by Edward Develin, M.D.)

GENTLEMEN: The first case to which I call your attention is one of vaginitis. This patient complains of a discharge from the genitals, and upon examination we find this discharge to be leucorrhœal in character. We also find a prolapsus of the anterior vaginal wall. The previous history of this case tells me that we have missed the opportunity of seeing its pathology when most marked. When she presented herself at the clinic a few weeks ago, she gave a history of acute vaginitis; she then had the profuse purulent discharge so characteristic of this disease. The fact that this was developed abruptly has its significance; bear that in mind, because in diagnosticating the cause of vaginitis we often have much difficulty. It is not easy to differentiate between an ordinary vaginitis which is caused by uterine disease, and the specific vaginitis which is of gonorrhœal origin. The most important point in the history that I know of, is in the difference of the onset of the attack. In the benign or non-specific variety, it comes on slowly, the patient usually having the history of some preëxisting uterine disease, and then by degrees the vaginitis is developed, slight at first, and gradually growing worse; whereas the specific vaginitis is developed promptly, and is more likely to begin at the introitus and extend upward—that which is consequent on uterine disease descends downward, and rarely involves the urethra and meatus. These points are important, and we should always bear them in mind, as it is impossible to differentiate by the mere physical signs. I have seen, especially among insane people, a vaginitis which I knew was not gonorrhœal, as there was no means by which the disease could be contracted, and yet it was extremely difficult to be sure that it was non-specific, and due only to some uterine disease or to the filthy habits of the patient herself. In these large asylums, it being almost impossible to keep the patients clean, so that a vaginitis once started is likely to become severe, I have seen vaginitis so marked that I could not distinguish its character by the physical appearances, and I was enabled to make the diagnosis only because I knew the patient could not have been exposed to the specific cause.

When a vaginitis begins abruptly; when it involves introitus, meatus, and urethra; and when you find that it does not extend the entire length of the vagina, you may take it for granted that it is specific—this is a strong evidence in its favor. Or if you have the good fortune, as I did the other day, *i. e.*, a gentlemen, whose wife was under my care, came to me and said, "Doctor, I am afraid you may find new developments in my wife's case, as I have exposed myself;" now when you have a history of that kind and which develops under your observation, then you know what it is.

In reference to our patient here it is a case of specific vaginitis, and Dr. Cushing, under whose care she has been, has almost relieved her of this difficulty.

As regards the treatment of this disease, it is simple and always satisfactory, if you adopt the best possible means of management. The great object is to keep the parts clean; the longer this purulent formation is allowed to remain in contact with the tissues the more it irritates and aggravates the disease. We could cure a vaginitis in a few days if we could keep the vagina perfectly clean.

In some neglected cases I adopt this plan, viz., separate the inflamed vaginal walls, and keep them apart by marine lint, so that the moment the purulent discharge is thrown out it is absorbed; it is simply a method of treatment according to the rules of antiseptic surgery, disinfecting the parts as the discharge forms. The douche, however, is very effectual. It prevents the accumulation of the discharge; if you allow the patient to lie on her back with the hips elevated, and then use the fountain syringe for half an hour four or five times a day, you will succeed in your treatment very well. It is not so much the preparation which you use, as the thoroughness of its application, and the care and frequency with which you use it; keep the surfaces of the mucous membranes perfectly clean, that is the great object.

I saw the other day, in one of the English journals, a mode of treating gonorrhœa in the male by just this method; using the return-current urethral douche, and then introducing a medicated bougie to keep the surfaces apart. The record of the length of time required to effect a cure in these cases was from three to ten days; and those who have had the treatment of such cases know that this record is most extraordinary. I saw at once that the surgeon secured his good results from this method of perfect cleanliness, and it confirmed my experience that this vaginitis can be cured in the same way.

Another point in the disease is that it is very liable to remain latent in some fold of the mucous membrane; generally behind the cervix the disease will lodge and linger. I learned a very important lesson when I first commenced the practice of gynecology. I had a case of vaginitis which I cured repeatedly, but she did not remain cured, and finally I sent her to the late Dr. J. Marion Sims; he wrote me a very kind letter, and told me that I had overlooked a little pocket where the disease lingered, and that from this point the disease again started. He told me to expose the parts with his speculum, and I would find this little pocket behind the cervix in the fold of the mucous membrane, and which I had failed to cleanse with my douche. I then carefully examined the patient, and found it as he described; then

carefully cleansing the parts I had no difficulty in effecting a permanent cure.

This trouble, when it involves the urethra, is liable to creep up into the two urethral glands which lie just within the meatus, and remain there; so that you may cure the vaginitis, and it will then start afresh from this source. After I had called attention to the anatomy and pathology of these glands, as secreting the gonorrhœal discharge, a physician in Illinois published two cases, those of husband and wife, which he had cured repeatedly of gonorrhœa, but the disease constantly returned. He then discovered the gonorrhœal inflammation of these glands; apparently to all external appearances the parts were looking well, but by pressure upon the urethra of the woman he could cause a little drop of matter to escape. He then laid the ducts open and was enabled to cure the disease.

If you will remember these two points, you will have no difficulty in treating vaginitis, and your patient will not return in a few days and inform you that your treatment has not effected a permanent cure.

Case II.—My next patient is a little girl, whom I understand is suffering from vulvitis or vaginitis. I have already presented such cases to you, and told you that this occurs in those children suffering from struma or ascarides, and sometimes in those who are tolerably healthy, who, running around until they become excessively warm, sit down upon a cold stone and take cold, getting up a little catarrhal inflammation of the vulva. Now here we have the physical signs in quite a marked degree of the ordinary catarrhal or purulent vulvitis which occurs in children. The outer parts of the vulva are covered with dried pus, while further in are little masses of muco-purulent material. This is just such a case as you will often meet with, and I desire you specially to notice the character of this discharge. This vulvitis is exceedingly annoying, and not uncommon, by any means; it is also very difficult to cure, unless you have great patience. They are extremely difficult to cure in case they are complicated with vaginitis. Now I presume, from my present examination, that there is only vulvitis; I will tell you why: because she has the characteristic discharge of vulvitis alone, that is, a muco-purulent discharge, somewhat tenacious—you observe how it hangs together. When vaginitis is present with the vulvitis, we get a milky discharge, very abundant. I have seen a little girl of this size who would saturate her garments with the discharge so that when they were dried they would be as stiff as if they had been starched. From the absence of this profuse milky discharge I am inclined to think that we have vulvitis alone, and no vaginitis. In vaginitis, even though the vaginal discharge be purulent, it remains fluid, not tenacious like that which comes from the vulva. You will usually be able to make your diagnosis by the character of the discharge.

This child is also suffering from otorrhea; and, more than that, she has a sister who suffers from this vulvitis; so I have no doubt in my mind, from the fact that both of them have it, that it is due to a scrofulous diathesis; for, as you are all aware, in that peculiar constitutional condition we are prone to have inflammations of the mucous membranes. They are the little ones who get up this inflammation of the eyes, this blennorrhœa at birth, and, if they escape that, they may have the condition which you see in this child.

In reference to the management of cases of blennorrhœa, the oculist will tell you that it is a matter of care and cleanliness. It is precisely the same in vulvitis and vaginitis; if you will only keep the parts clean, they will get well. This, however, is no easy matter when treating the poorer classes. The longer you permit this discharge to remain, so much the more will this inflammation be kept up. This little one should be bathed constantly, every two or three hours during the day; carefully wash the parts with a little borax and water, and then apply some dry powder; the one that I prefer is bismuth mixed with a little chalk, have it finely powdered and dust it on; iodoform also answers the same purpose, but the odor is not very pleasant. These applications have a soothing and quieting effect upon the mucous membranes, and keep the surfaces apart. This is a very important item in treatment, because two inflamed parts lying in apposition cause an internal irritation.

In vulvitis this is about all you will have to do locally. You must keep up persistent cleanliness, and also attend to the general health of your patients; build them up with good diet, cod-liver oil, iron, and so forth. If you do that, they will get well. But it is otherwise if you have vaginitis; you then have to use a vaginal douche, carrying it up carefully to the end of the vagina, and carefully wash the part with a solution of borax and water; afterwards washing it with a mild solution of zinc or hydrastis canadensis. These cases are extremely difficult to cure, because the mucous membrane of the vagina is full of deep rugosities, and the wash does not come in contact with all parts. You therefore require to distend the vagina as much as possible while using the local applications, but even then there may be little places where some of the discharge will remain, and by and by it will beget the old trouble anew. Some authors say that if you have tried all these means and failed, it is better to place the patient under an anæsthetic and then, distending the vagina, touch every part of the mucous membrane with a solution of nitrate of silver, and follow it up with a douche.

This is about the outline of the treatment required; eternal vigilance is the price you have to pay for success. Still more, you must superintend the treatment yourself, unless you have a very intelligent mother or nurse to carry out your instructions.

ORIGINAL ARTICLES.

THE EXPERT TESTIMONY IN THE DWIGHT INSURANCE CASE.

BY HORATIO C. WOOD, M.D., LL.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, AND OF DISEASES OF THE NERVOUS SYSTEM, IN THE UNIVERSITY OF PENNSYLVANIA.

THE so-called Dwight case bids fair to become not only a landmark in the history of insurance law, but also a *cause célèbre* in the annals of medico-legal medicine. As one who had taken part in it, I had intended to say nothing about it; but some misconceptions as to the facts and certain reflections upon a body of physicians of more or less eminence, which have gained currency, have led

me to believe that the facts of the case ought to be known to the whole profession.

As the evidence elicited at the trial has not as yet been published, it can only be known to those who have heard it in its entirety or have access to one of the three extant copies of the stenographic notes. *Inside* the court-room the experts have been remarkably free from serious disagreement, because they were confined to the testimony; but *outside* the court-room the criticising expert has roamed at will through the realms of imagination and *ex-parte* testimony. *Inside* the court-room there was no evidence to show that overdoses of morphia were given, and no medical man there ventured to assert that Col. Dwight died from other cause than strangulation.

All medico-legal discussions of an individual case, if they are to lead to any proper result, must be based upon the facts sworn to at the trial; *i. e.*, upon the evidence on which an opinion had to be given at the time of the trial. Especially is this limitation necessary when experts are arraigned at the bar of public opinion.

The action of the experts in the present case has been open and honorable; but, as it has been publicly challenged, I propose to give, primarily, such history of it as will not appear in the account of the evidence.

About the first of June, 1883, I received a telegram from Prof. Austin Flint, Jr., requesting that Drs. Roberts Bartholow, Theodore G. Wormley, Isaac Ott, and I, should meet him the next day at my office. At the interview we were informed by Prof. Flint that he desired to see us concerning the Dwight case, as the lawyers and the Insurance Committee, believing that Col. Dwight had died of gelsemium poisoning, had requested him to procure a professional opinion from us upon evidence furnished in a privately printed book, copies of which he put in our hands. We were expressly told that these books were to be considered as confidential communications; that the matter contained in them was not legal evidence which had been sifted and could be relied on, but that it was a collected mass sufficient to indicate the probable drift of the evidence at the trial.

Dr. Flint remained only a few minutes, and did not in any way attempt to influence our decision. We separated, met by appointment twelve hours later, and found that we had separately reached the same conclusion, viz., that the death of Col. Dwight was probably caused by strangulation. Prof. Bartholow was most positive and outspoken in this opinion; Dr. Ott the least certain and positive; Dr. Wormley, whilst acquiescing in the opinion as a matter of belief, said that it was too much out of his line for him to give evidence. This conjoint opinion was given to the Insurance Companies with the reserved statement that we had no evidence that the heart had been properly examined, and that, therefore, there was that element of doubt. It was subsequently proved at the trial that microscopical examination of the heart had been made, although the report had not been furnished us.

In regard to the relations of the other experts. Prof. C. H. Porter, of the Albany Medical College, was originally employed by the Insurance Companies to visit Mr. Dwight in his lifetime. At the time of the first autopsy he was hastily summoned by telegraph to attend, and being unable to go, on the instant, selected Dr. John Swinburne as the best substitute he could procure. Dr. Swinburne's connection with the case was, therefore, accidental. He was not asked to go by the Insurance Companies, or their legal representatives, but by Dr. Porter, as a personal favor to himself. The testimony of Dr. Swinburne in the trial was not only in matters of opinion, but also in matters of fact. If the facts sworn to by Dr. Swinburne are as he alleges, I can but reiterate my opinion expressed upon the stand, that there is no room for doubt as to the cause of death.

As bearing upon this I may be allowed to quote the following passage from Taylor's *Principles and Practice of Medical Jurisprudence:*

"The act of strangulation should be, medically speaking, as distinctly provable, without the production of a rope, as the act of stabbing without the production of a knife which inflicted the stab. If these principles are not adhered to in practice, policemen would be as competent as medical experts to give evidence of the causes of death in cases of alleged strangulation." (P. 65.)

Under these circumstances, it is proper to state that Dr. Swinburne has had a long, successful professional career, in which he has enjoyed very large opportunities for making observations upon all sorts of causes of death, and has been at various times engaged in medico-legal work. It seems to me absurd to question his ability to distinguish a rope-mark from a wrinkle. The lesions of the body were not such as to require great skill in their perception. They were simple and gross in character. It must also be remembered that, in almost all points, Dr. Swinburne's testimony has been corroborated by the notes of the autopsy, signed by fifteen physicians without comment; as well as by the appearances at the second autopsy. Drs. B. F. Sherman and E. H. Bridges, who attended the second autopsy, are men of high reputation in northern and western New York, and have had large experience in medico-legal practice.

The following history of the case is based exclusively upon the evidence given at the trial, and is believed to contain all the facts, of any importance to the medico-legal questions, which were proved at Norwich. The corrected evidence, which will be published as soon as possible, will certainly be accessible, so that any one may verify in all its details the story of which I am about to give the outline. In this history, I might, perhaps, have confined the attention exclusively to the medico-legal facts, but it has seemed to me that the reader would prefer to have the whole story in brief, as it is one of great psychological as well as of medico-legal interest.

Col. Dwight, after the War of the Rebellion, was occupied in business in northern Pennsylvania, and moved in 1872 to the city of Binghamton, New York, where he engaged in very large building speculations. During much of his life in Binghamton he was proprietor and manager of the Dwight

House. As he described himself, he was a man accustomed to "bore with a big auger." His business operations had always been on a grand scale, and largely based upon borrowed money. According to his own sworn statement, he had lived at the rate of eighteen thousand dollars a year, and had accumulated four hundred thousand dollars of debt, besides dissipating his wife's fortune, and rendering her insolvent to a large, if not almost an equal, amount. He finally was beset on all sides by creditors, members of his wife's family being among the most rapacious and exacting. In testimony given in 1878, during the bankruptcy proceedings which he had instituted for his relief, he swore as follows: "I received a notice that Dusenberry [who was his wife's uncle] was about to sell the equity interest in this estate, thereby sweeping the last plank from under me." Again, he says, "It was just like killing me, and I felt as though I was sold out by everybody and everything." At another time, in the same proceedings, he stated, under oath, that he had but eight dollars "on the face of the earth," and his wife but two dollars; and that he was borrowing money from his brother Ward to pay the bills for board of himself and wife at the Spaulding House.

Col. Dwight was not discharged from bankruptcy until November 6th, nine days before his death; but on the 31st day of July he began to apply for life insurance, and before the middle of September had made formal applications to thirty-one companies for a sum in the aggregate of three hundred and ninety thousand dollars, requiring annual premiums of about thirteen thousand dollars. Taking his application in the case immediately on trial, that of the Germania Life Insurance Company, as a type, Col. Dwight answered in it the following questions as follows:

1. In what occupation has he been engaged during the last ten years. *Ans.* Real estate and grain dealer.
2. Is he now, or has he been, engaged in or connected with the manufacture or sale of any beer, wine, or other intoxicating liquor? *Ans.* No.
3. Whether the party to be assured is now, or has been, insured in other companies; in which, and for what amount in each? *State exactly on what kind of policy.* *Ans.* Yes; New York Mutual, fifteen year endowment, ten thousand dollars; Connecticut Mutual, ordinary life, fifteen thousand dollars; Washington, ordinary life, ten thousand dollars; Equitable, ordinary life, ten thousand dollars.
4. Whether an assurance has been applied for with this or any other company without having led to an assurance; if so, with which companies; and for what reason did the application not lead to an assurance? *Ans.* No.
5. Has the party now, or has the same ever had, any of the following diseases: Spitting of blood, bronchitis, consumption, etc. *Ans.* No.

1. It was in evidence that Col. Dwight, during his bankruptcy proceedings in 1878, swore that his whole occupation from 1872 consisted in fighting his lawsuits and keeping the Dwight House.

2. It was proved, and not disputed, that he sold liquors during the whole period of time which he kept the Dwight House.

3. It was proved, and not disputed, that he never was insured in the New York Mutual Life, nor in the Connecticut Mutual Life.

4. It was proved, and not disputed, that he had made applications to the Phœnix Mutual Life Insurance Company and others, which had not led, and never did lead, to an assurance.

5. It was proved by several witnesses that he had, in March 1867, severe cough with repeated spitting of blood, amounting in at least one instance to a copious hemorrhage, and that he had repeatedly said that he had had hemorrhages from the lungs; also that he "expected the damned thing would carry him off." This testimony was not disputed by the plaintiff, who admitted the spitting of blood, but claimed that it was not a disease. At the apex of one lung, at the first autopsy, was found a "cicatrix," or "fibrous nodule," a lesion which was noted on the official notes subscribed to by the fifteen physicians present as being "probably the result of old pulmonary phthisis."

Col. Dwight warranted that his answers to the above questions were true, and the contract provided that if any of the answers in the application were in any respect untrue the policy should be null and void; so it is perhaps allowable to state that it is upon these questions and their false answers that the counsel of the Insurance Companies have always, and still do expect to win their case. They assert that the law in New York State requires the judge to decide upon the legal points, and not to allow a case to go to the jury when there is no conflict of testimony. They have always recognized the extreme difficulty in getting a jury to decide a life insurance case upon its merits. The medico-legal investigation was entered upon by the Insurance Companies against the advice of their counsel, who proposed, as above stated, to contest the case purely upon the ground of false answers; but the companies were not willing to win the case upon purely technical grounds. They urged that they were refusing payment because they believed that fraud had been perpetrated, and that there had been conspiracy to rob the funds which had been entrusted to their care; and that they wished the public to understand that their strenuous resistance was based upon moral grounds, and upon the belief that if this raid were successful others would follow.

The counsel for the defence were adverse to the theory of suicide by strangulation even after receiving the opinions of Drs. Swinburne, Sherman, Bridges, and others, and therefore sent copies of the autopsy to experts in New York and Philadelphia, in the hope of obtaining opinions that the death was caused by vegetable poisons, which Col. Dwight could have taken without the knowledge of any other person. When the opinion of the Philadelphia council of experts was given, they expressed great chagrin, stating that if Col. Dwight was murdered the policies would have to be paid, whilst the theory of assisted suicide involved the indirect trial of at least Mr. Charles A. Hull as an accomplice. They not only were very adverse to the theory as a troublesome one, but did

not believe it to be true; and I will not soon forget my own astonishment when, during the latter part of the trial, one of them said to me "You experts have finally convinced me that Col. Dwight was strangled."

To return from this digression to the story of the last months of Col. Dwight's life. By the 22d of September, 1878, he had been either accepted or rejected by every life insurance company in the country, excepting one in California, and had secured in all, policies of insurance representing two hundred and fifty-six thousand dollars, and requiring for their maintenance an aggregate annual payment of over eight thousand dollars. He was at this time in bankruptcy, living at his father-in-law's house, without profession or business, or any apparent source of income. There was no evidence to show that Col. Dwight had at this time any scheme or plan for large enterprise upon hand, unless it was, as claimed by the defence, that of defrauding the Insurance Companies. Whenever it was possible, Col. Dwight stipulated that the premiums should be paid quarterly, and, when the rules of the companies did not allow this, semi-annually. In this way the annual expense was increased about one thousand dollars, but the first payment was reduced to a minimum. The first quarter's premiums were all that were ever paid, and these were paid with borrowed money, the lenders becoming beneficiaries under the will, which was executed in September, 1878. Before all of the coveted policies were secured, several of the insurance companies discovered the falsifications in the applications, and became convinced of the fraudulent character of the transaction. The delivery of some policies already in the hands of the agents was stopped by telegraph; in other cases Col. Dwight persuaded the agent to send word to the company that the policies were already delivered and the premiums paid, when no delivery or payment had been made.

Whilst Col. Dwight was still in perfect health various companies sent to him accredited agents with the statement that as the policies had been obtained by fraud no more premiums would be received, and that in case of his death no insurance would be paid to his heirs, and offered to him in money the amount of premium already paid, at the same time demanding back the policies. The proffered return-premiums and the demanded surrender of the policies were alike refused. During the month of September and the first ten days of October, Col. Dwight spent most of his time in hunting in the neighborhood of Windsor, N. Y., over a country which is extremely hilly or semi-mountainous. About October 11th it was announced that he was unwell. News of his alleged illness reaching the insurance companies, their suspicions were aroused, and Dr. Charles H. Porter was sent to see him on November 6th.

To put in this article the details of the evidence given by the physicians who saw Col. Dwight during life, or after his death, would occupy more space than can be claimed. The statements of the medical gentlemen are embodied in the hypothetical questions, concerning the agreement of which with the evidence there was at the trial no dispute whatever, and it is believed that the physician reading this article can decide for himself and answer as though an expert at the trial. Suffice it then for the present to state that Dr. Porter found, after very careful examination, nothing abnormal with any of the organs of Col. Dwight, and obtained from Dwight's physician, in his presence, the history of an obscure illness in which the only objective symptoms had been some vomiting and some evidences of a paroxysm said to resemble an attack of pernicious fever, but which had lasted only a few minutes, and in which the temperature had not risen above or fallen below 98½°, and the pulse not above 80. Suspecting that Col. Dwight might be suffering from chronic arsenical poisoning, Dr. Porter asked for a specimen of his urine for chemical analysis, but was met with the reply that Fowler's solution was being administered, and that therefore arsenic would of necessity be in the urine.

The evidence for the defence gave no account of what transpired in the history of Col. Dwight between the 6th and 15th of November.

In order to obtain some information concerning the day of his death, Mrs. Owens, the sister of Mrs. Dwight, was placed upon the stand. According to her statement, the apartments occupied by Col. Dwight were in a semi-detached cottage, which formed a part of the Spaulding House, in Binghamton. They consisted of a sitting-room, entered directly from a corridor, and communicating with a bedroom which was furnished with one window opening upon the ground. In the sitting-room was an open fire or stove. The bed in the chamber had a high head-board of such a character that it would be easily possible for a man to hang himself whilst in bed.

During the day of November 15th, Col. Dwight was up, dressed, saw various persons in his sitting-room, executed legal papers in a clear, bold hand, was bathed, and had his beard cut by the barber. Between 8 and 9 o'clock P. M., Mr. Charles A. Hull came. About half-past nine Dr. Dan. S. Burr came in, chatted a few moments and then left. Mrs. Dwight and Mrs. Owens left the room a few minutes after the Doctor, Col. Dwight bidding them good-night. They retired to their room on the other side of the corridor, where they slept together. At about half past eleven, they were aroused by a rap upon the door. Mrs. Dwight instantly arose and went to her husband's room, Mrs. Owens following in two or three minutes. Mrs. Owens found in the room Mr. Hull, W. F. Spaulding (the proprietor of the hotel), and Mrs. Dwight. Mr. Dwight gave no sign of life after she entered. He was supported on pillows, and Mr. Spaulding was trying to give him brandy, but desisted in a few minutes, saying that he did not swallow it. At the suggestion of some one, hot water was obtained and Col. Dwight's hands put into it. Something over half an hour after Mrs. Owens went to the room the undertaker arrived. Mrs. Dwight and Mrs. Owens then went into another room and went to bed.

In order to complete the story at this point, it is necessary to draw on the evidence furnished by

Neri Pine, the attorney of Col. Dwight, who was put upon the stand by the plaintiff. He stated that on November 15th he called on Col. Dwight to transact certain legal business, and to inquire concerning the funds for the payment of the second quarter's premium which would be due on the 19th. Col. Dwight replied that he had no money to pay it, but that he (Mr. Pine) had better see Mr. Dusenberry, his father-in-law, whom he (Col. Dwight) thought would advance the necessary funds. Mr. Neri Pine further stated that Col. Dwight gave him no reason for supposing that any arrangement had been perfected with Mr. Dusenberry, but told him "that he was going to make arrangements with his father-in-law."

By the morning after this interview, death had rendered unnecessary any call by Mr. Neri Pine upon Mr. Dusenberry's good-nature.

The last will and testament of Col. Dwight is a remarkable instrument, which ought to be read in its entirety to be thoroughly appreciated, but of which we can only afford space for a very brief abstract. In it he states that his only assets are the moneys to be derived from the life insurance companies, and that he does not consider himself morally or otherwise required to pay anything to his creditors, from whom he escaped through his bankruptcy proceedings, but directs a number of small sums, from $1.60 upwards, to be paid to certain small creditors, who are specifically named.

He then bequeaths large sums of money to the Judge of the Supreme Court of his district, and to several of the most prominent lawyers of Binghamton, including the District Attorney. He leaves the sums of $10,000, $5000, and $1000, respectively, for the purpose of giving annual banquets to the poor of the town, the Fire Department, and the Press of the town; and to the Binghamton Library Association he bequeaths $7500. He makes a bequest to each of the four churches in Windsor, a village near Binghamton.

After a number of small private legacies, the bulk of the money to be derived from the Insurance Companies is directed to pass to his wife and son; but if the wife shall not have been released from bankruptcy, her share is to go to the son, in order to prevent its being used for the payment of debts.

It was testified to upon the stand that in the last weeks of his life, Col. Dwight had said that "he would rather be in hell than be poor:" that he was very poor and expected to die soon, is strongly indicated by the specific directions in his will to pay certain very small personal debts With a comfortable income, and no near prospect of death, a man would hardly provide in his will for payment of his last week's milk bill, or shoemaker's account. His frame of mind is further evinced by his statement in the will: "I have lived to that age, and been subject to such experience, that I have no further ambition for myself beyond leaving my family comfortable, and with sufficient means to enable them to live as they were in the habit of heretofore, and also in making such friendly bequests to those who are endeared to me from association and kindly acts, as will leave pleasant memories behind me when I start on the long journey."

Fifty-eight hours after death the first autopsy was made on the alleged body of Col. Dwight. The results obtained were testified to on the part of the defence by Dr. John Swinburne, and are embodied in the first hypothetical question herein presented. A second autopsy was made about five months after death in the presence of various physicians. The results obtained were testified to by Drs. Swinburne, Sherman, and Bridges, and are also embodied, so far as they are of any importance, in the hypothetical question.

Before taking up these questions it seems proper to give a little more in detail the evidence submitted by the defence in regard to two or three points.

As to the *condition of the heart.* Dr. Swinburne testified that the heart was perfectly healthy in every particular, except that some little thickening was noticed around the edges of the valves, and that at the second autopsy he carefully examined the coronary artery and found it entirely normal.

Dr. Sherman testified that, at the second autopsy, he found the heart remarkably firm, and in a good state of preservation; that he had prepared about one hundred and fifty slides of its walls for microscopical examination, and found in each the muscular fibre perfectly normal. He had with him in court a number of these specimens, and offered them for examination by any experts who might be called by the plaintiff, but no such examination was made.

Dr. Austin Flint, Jr., stated that he had examined a number of these slides, and found the heart-tissues normal. Dr. H. C. Wood confirmed this condition of the muscle-fibre in the slides which he had examined. Dr. E. H. Bridges testified that he had examined the heart both macroscopically and microscopically, and found it normal.[1]

When it is borne in mind that Mr. Dwight was an athletic man, in the prime of life, forty-one years of age; had spent the last months of his life hunting in a hilly country without suffering from shortness of breath or other distress; that the lesions in the body were entirely diverse from those found after death from heart-failure; that the heart had emptied itself of blood, and ceased its action in systole; that there was no evidence whatsoever at the trial in any way contradicting the statements made by Drs. Swinburne, Sherman, and Bridges; that the heart, carefully examined macroscopically, appeared to be perfectly normal; and the assertions of Drs. Sherman, Bridges, A. Flint, Jr., and H. C. Wood, that the fibres were shown by microscopical examination to have their striæ well marked, and to be entirely free from degeneration—it seems to me that the question as to the condition of the heart must be considered as settled. Certainly no

[1] The perfect condition of the heart at the second autopsy was largely due to the fact that, after the closure of the body at the first autopsy, the undertaker poured into the thoracic cavity a pint of concentrated solution of carbolic acid, arsenic, camphor, and corrosive sublimate.

opinion that death resulted from heart-failure could be given upon the evidence furnished at the trial.

In regard to the existence of *superficial emphysema of the lung* as present at the first autopsy, Dr. Swinburne testified minutely and positively, although from some oversight this testimony was not embodied in the hypothetical question as to the cause of death as given a little later. Such recent, fresh rupture of the upper air-vesicles is, in itself, almost sufficient to prove that a man has died from an obstruction to respiration in the throat. To rupture the air-vesicles there must be great internal pressure, as of forced respiration, and prevention of the escape of the air, which then tears open those vesicles whose walls are not closely supported by other vesicles, or by tightly contracting muscles.

In regard to the alleged *furrow in the neck*, Dr. Swinburne testified that it

"Was a heavy indentation in the neck, commencing on the right side near the hyoid bone, and extending upwards and backwards to within, perhaps, an inch or so, and perhaps less, of the centre of the posterior part of the neck; on the left side, the same indentation commenced about the upper part of the cricoid cartilage, extended about the same angle upwards and backwards until the indentations came within an inch and a half of meeting. These indentations were full three-eighths of an inch deep, so you could lay your finger right in them, and about that in width—I should say full that. At the bottom of the indentation, there was a peculiar appearance, sort of leathery appearance, or had a half-burnt or scorched appearance."

Dr. Swinburne further stated that at the second autopsy this indentation was "plainly perceptible," "and the same peculiar condition which appeared before at the bottom of the indentation was present —that sort of leathery or hardened feeling."

Dr. Sherman testified that, at the second autopsy, he called attention to the deep furrow in the neck, and put his finger in it. He stated that "the texture of the skin within this furrow had a leathery feeling. It had what Casper calls mummified." That he had seen other cases where death had been caused by strangulation with a cord, and that the furrow had the same characters as in the other cases.

Dr. Bridges testified that "the furrow was rounded at the bottom, about one-eighth to about a quarter of an inch thick, I should judge, and a quarter to half an inch broad. The lower or bottom part of the furrow or groove was rounded, so that it fitted the convex surface of my little finger, that I passed through on each side. The base of the groove was hard, and had this appearance that has been described—a parchment look."

Mr. Nat. B. Freeman testified that he had, during the war, been accustomed to handling corpses, and familiarizing himself with their external appearances; that at the second autopsy he examined the furrow, found that it "was deep enough for my finger to go partially into it;" that the skin at the bottom of the furrow appeared hard; "the feeling was a hard feeling; its appearance was similar in appearance to old leather."

In regard to the *cause of death*, Dr. Swinburne gave as his firmly settled opinion, based upon personal knowledge of the external and internal appearance of the body, that the death had been caused by strangulation with a rope or cord.

The position of the other experts was judicial, so far as concerned the cause of death; they gave their opinions upon hypothetical questions which embodied the evidence as to facts which had been given and bore upon the subject.

There were several hypothetical questions given, but for want of space only the one which bore directly upon the main issue as to the cause of death is here inserted.

"You examine about fifty-eight hours after death, in the middle of November, the body of a man found dead at about 11 P.M., having been last seen alive one hour and a half before, and then apparently not in a condition of apprehension of sudden death; you find it to be the body of an unusually large and powerful man, great muscular vigor, with a considerable development of firm fat, forty-one years of age; you find nothing unusual in the appearance of the face and the general surface of the skin, except the presence of small dark spots indicating a little effusion of blood in the skin of the back and the back of the right arm; a furrow about the sides of the neck nearly meeting in front and behind, about the size of the little finger, rounded at the bottom, and the skin involved in the furrow dense and hard, and a surface like parchment; the furrow beginning in front just above the larynx and extending upwards and backwards at an angle of nearly forty-five degrees; the brain and membranes perfectly natural and healthy, except a clot of blood on the surface on one side near the top of the head, the clot being evidently of very recent origin, but not sufficient in itself to produce death; the lungs deeply congested with dark liquid blood, but presenting no evidence of inflammation, a few small fibrous nodules, and the bronchial tubes and windpipe deeply congested and filled with bloody mucus; the heart and the bloodvessels, including the valves of the heart and the vessels supplying the blood to the substance of the heart, absolutely healthy and natural in size and in every other regard, excepting a slight unimportant thickening of some of the valves; the cavities of the heart containing a very small quantity of dark blood; the liver, spleen, and kidneys absolutely natural and healthy, except that they, especially the kidneys, are deeply congested with blood and of natural size and weight; a small quantity of undigested food in his stomach, the mucous membrane of the stomach and intestines congested, and a small area of apparent inflammation about the size of a dollar in the stomach; finding all of the organs in the conditions stated, and the furrow made as described above, what, in your opinion, was the immediate cause of death?"

To this, Dr. Wood answered, the death could only have been produced by strangulation with a cord. After the cross-examination of Dr. Wood, experts were called, one after the other, until the Court refused to hear any more. In this way, Drs. Porter, Sherman, Bridges, Avery, Lee, and Hand (the latter three gentlemen being practising physicians and coroners or ex-coroners of Chenango County, New York) were allowed to answer the hypothetical question, and all agreed with the answer given by Dr. Wood.

The only evidence offered by the plaintiff bearing upon the medico-legal facts in the case was:

First. *In regard to the two alleged chills* occurring

during his illness—the last one a week previous to his death.

The only evidence given concerning these attacks was that of Mrs. Bessie McDonald and Mr. Francis Downe. It was so indefinite, and would require so much space for its recital here, that the reader is referred to the book of corrected evidence. From it it is impossible to state with any degree of positiveness what the nature of the attacks were. It is not probable that they were malarial, for in the first attack there was no fever, and in the second attack the fever lasted for "perhaps half an hour," and the chief symptom was abdominal pain.

The counsel for the plaintiffs offered to prove the symptoms and nature of the sickness of Col. Dwight, and the cause of his death, by Drs. Orton and Burr, who attended Col. Dwight in his last illness, and were each of them on the witness-stand. According to the law of the State of New York no physician is allowed to testify concerning a patient, or to give information which has been imparted to him by a patient, unless the latter publicly gives his consent. And when the defence in an early stage of the trial sought to put Dr. Doane on the stand to prove that Col. Dwight's hemorrhage came from the lungs, they were debarred under this statute. The counsel for the plaintiffs contended that the right of waiver passes to the executors of a dead man; but on the part of the defendant such interpretation of the law was strenuously resisted. Many hours were spent in legal argument, but the court finally decided in favor of the plaintiffs, and permitted Doctors Orton and Burr to testify as to their knowledge of the sickness of Col. Dwight, and the causes of his death. When, however, this right was granted, the counsel for the plaintiffs did not exercise it, and neither Dr. Orton or Dr. Burr was asked a single question concerning the symptoms of Col. Dwight's alleged last illness, or the causes of his death.[1] Under these circumstances it seems impossible for a professional man to attach importance to the statements made by persons without medical knowledge concerning the symptoms of the alleged illness. There are no important data other than that furnished in the evidence for the defence by Dr. Porter, even for deciding whether the sickness was real or feigned. There is certainly no proof that the alleged chills were not produced by overdoses of a depressing vegetable poison, and the gastric symptoms by overdoses of arsenic, both of which drugs were in Col. Dwight's possession and under his personal control.

Second. *In regard to the occurrences of the night of Col. Dwight's death.*

The only important testimony was that of Mr. Charles A. Hull. According to Mrs. Owens, Mr. W. F. Spaulding and Mrs. Dwight were already in the room of Col. Dwight when she (Mrs. Owens) entered directly after his death. It is altogether probable that Mr. W. F. Spaulding has intimate acquaintance with the circumstances surrounding the death of Col. Dwight. The defence could not call him since, according to their theory of the case, he had guilty knowledge, and if he should testify falsely, they, not being able to cross-examine or contradict their own witness, would be held by his declarations. The failure of the plaintiffs to put either Mr. Spaulding or Mrs. Dwight on the stand, naturally excited comment.

Mr. Charles A. Hull testified that he had never sat up with Col. Dwight until the night of his death; that he had been his assignee in bankruptcy, but not intimately acquainted with him; that he had no knowledge or experience in nursing; that no medicines were left with him and no instructions given him by the physicians on Friday evening; and that Mr. Dwight sent for him the Wednesday preceding the Friday of his (Dwight's) death, and had requested him at that interview to sit up with him on Friday night because "in an emergency he thought I was cool and would not get excited." He also admitted on cross-examination that he had stated before the Coroner's jury that Dwight said "he wanted him because he would be cool in case anything should happen."

Mr. Hull testified that shortly after 10 o'clock:

"I stationed myself in a chair near the door leading into his bed-room, and this door was partially open, and I sat there. During the time I sat there, at one time the Colonel called me, and said his head was feverish and wished me to saturate a cloth in bay rum and put it on his head, and I did so. And at another time, he called for some water and I gave him a swallow of water. After that he seemed to sleep, and before, at different times, I thought he was sleeping, but of course it was uncertain, and I did not disturb him. Along about between 11 o'clock and half-past 11, I heard him gasp for breath, as it seemed to me, and he says, 'Charley,' and called to me, and I went in to his side as quick as I could and put my hand under his head, and raised his head up and gave him some brandy; and then I ran across the hall as rapidly as I could to Mrs. Dwight's door and rapped on it very loud, and went back to the bedside again, and I think I administered brandy a second time then, and I felt of his pulse; and in a short time Mrs. Dwight came out only partially dressed, and I asked her to touch the bell for Mr. Spaulding, and she did so. In a very short time Mr. Spaulding came up there, and was followed by Mrs. Owens, Mr. Spaulding's brother, and his family, consisting of his wife and daughter."

That about fifteen minutes before he heard the gasping, Col. Dwight took a cracker from a stand near the bed and ate it. Also that he (Hull) sat in a chair, so placed in the sitting-room that he could see all of Col. Dwight's movements through the open door. He further stated that Mr. Spaulding pinched Dwight's tongue, leading to the suspicion that it was protruding.

The only other evidence at all bearing upon the events now under discussion was that given by James E. Lee, the servant who brought the hot water in which, Mrs. Owens and Mr. Hull testified, the hands of Col. Dwight were soaked after she entered the room. Mr. Lee believed that he saw Col.

[1] Attorney-General Russell, in his speech, asserted that the plaintiffs' counsel had claimed the right of putting Drs. Orton and Burr upon the stand, with the expectation that the judge would decide against them, and that then they would say to the jury that they could have explained Col. Dwight's sickness and death by the physicians who attended him, but that the court would not admit the testimony.

Dwight breathing at the rate of about four or five times a minute. Before this, however, according to the statements of both Hull and Mrs. Owens, Col. Dwight was dead.

Third. As already stated the *expert testimony on the part of the plaintiffs* was limited to a description of the lesions found in the body after death. In regard to these lesions the cross-examinations of Drs. Hyde, Burr, Chittenden, and Orton, elicited the fact that there was very little non-agreement between them and Dr. Swinburne, except in regard to the appearances upon the neck.

It was claimed by several, if not all, of these gentlemen, that the so-called indentation upon the neck was simply a crease or fold in the skin; but on cross-examination they all admitted that they had signed at the time of the autopsy, when the body was before them, without comment or protest, an official description of this crease as "a heavy indentation, extending upwards and backwards from os hyoides to right around back of neck, and on left side, below the thyroid cartilage, running upwards and backwards at an angle of about forty-five degrees."

In the manuscript notes of the autopsy there were certain erasures and interlineations. The testimony as to whether these had been made before or after signing was conflicting, but on other points there was no question as to the authenticity of the notes which bore testimony to the existence of "several small ecchymoses of skin of back and shoulders; *anterior* part of right arm, small ecchymosis." In other respects the description corresponded with that given by Dr. Swinburne in the testimony for the defence, except that the word "bloody" had been scratched over with a pen, as it occurred in the notes before "mucus," speaking in reference to the bronchial tubes; and that, instead of the lungs being said to be emphysematous, they were spoken of as "unduly inflated."

Testimony was given by Mr. Van Vradenburg, Mr. Ayres, the undertaker, and James E. Lee, in regard to the existence of a furrow around the neck shortly after death. Mr. Van Vradenburg testified that his "examination of his neck" "was close and marked," and that he was led to make this examination "on account of something that was then stirring in my [his] own mind." The nature of this "something" was not in evidence, but Mr. Van Vradenburg further stated that "it did not lead him to investigate any other part of his [Dwight's] person," nor did he examine the feet or hands.

Mr. Ayres testified that he was the undertaker who prepared Col. Dwight's body, washing and dressing him; that directly after his death there was "no crease or mark as of a rope or otherwise upon his neck." He further testified that the body was placed in an ice-box in such a way that the head was forcibly bent forward on the body, the chin resting upon the chest, and the occiput being raised, so as to bend the neck at an angle of about forty-five degrees. He gave it as his opinion that the crease, or furrow, or indentation subsequently found in the neck of Col. Dwight was produced by the elevation of the head in the ice-box, and its subsequent restoration to the normal position. Mr. James E. Lee stated that he assisted the undertaker, and the crease was not there then.

After the plaintiffs had closed the case, the defence recalled their experts, and put to them the following hypothetical questions. There was no dispute whatever as to the agreement of the conditions of these questions with the facts of the case as testified to by the medical witnesses for the plaintiffs; in the second question, the testimony of Messrs. Van Vradenburg, Ayres, and Lee in regard to the non-existence of the furrow directly after death was omitted; the medical part of the question is taken almost verbatim from the notes of the autopsy, the disputed part of these notes being omitted.

Question 1.[1] "Assuming that a man of 41 years of age, who had previously enjoyed robust health, had been complaining for about three weeks, and was found on a Saturday morning in bed, shivering, teeth chattering, surface clammy and cold, with the blood settled under his nails, and so continued from one to two hours, breaking out into a cold sweat, with a feeble, whispering voice, and that this attack passed off without fever; that the second Friday after this occurrence, having during the day been up attending to business with his lawyer, and having his beard dressed by a barber, he was left about 10 P.M. by his doctor in such a condition as to create no alarm; that at or about 11 P.M. he spoke pleasantly to his attendant, calling his attention to his manner of eating a cracker, helping himself to one from a dish near his bed, and chewing it without difficulty; that within fifteen minutes the attention of the attendant was called to such man by a gasping noise, and that this man was dead in a few minutes thereafter; that at an autopsy held within fifty-eight hours after death the liver and spleen were found to be normal, except congested, the heart nearly empty, and that there was no pigmentation anywhere; could or could not such a man have died of congestive chill, or any other form of malarial fever?"

The uniform answer to this question by the experts was that, in their opinion, he could not have so died.

Question 2. "Suppose that a man, after an obscure alleged illness of about five weeks' duration, is on a given day able to be up and transact business with his lawyer and have his beard trimmed; is left by his doctor at 10 P.M. on the same day, in such a condition as not to give any cause for alarm; and that at 11 P.M. is talking pleasantly to his attendant and eating a cracker, and in less than half an hour after is dead; and that at the autopsy, made fifty-eight hours after death, the following conditions are revealed: a heavy indentation, extending upwards and backwards from os hyoides to right around back of neck and on left side below the thyroid cartilage running upwards and backwards at an angle of about forty-five degrees. Post-mortem discoloration of posterior portion of body, several small ecchymoses of skin of back and shoulders; anterior part of right arm small ecchymosis. Thorax, lungs, and heart in natural position, except that the lungs are unduly inflated. About four ounces of serum in bottom of left pleural cavity; the same amount in right pleural cavity. Left lung one pound and three-quarters; bronchi congested and coated with mucus. Upper lobe congested and œdematous; lower lobe still more congested and œdematous.

[1] The first part of this question was based upon the testimony of Mrs. MacDonald.

Right lung two pounds; bronchi congested and coated with mucus. Upper lobe, at the apex several small fibrous nodules; rest of upper lobe congested and œdematous. Lower lobe congested and œdematous. Heart healthy; weight, fifteen ounces. Right ventricle contains a little fluid blood, not over one-half ounce; left ventricle contains little fluid blood, not over one-half ounce. Left auricle contains a little clotted blood. Stomach, at the fundus mucous membrane softened and partly destroyed by post-mortem changes. Pyloric end of stomach, mucous membrane studded with small white spots denoting chronic gastritis. Liver congested more than usual; normal color and consistence. Kidneys uniformly congested, and otherwise healthy. Epiglottis, larynx, and trachea congested and coated with mucus. Inner surface of the dura mater on the left side, chronic hemorrhagic pachymeningitis, with a small extravasation of blood on the left side, over the posterior portion of the parietal and anterior portion of occipital lobes. Pia mater of convexity normal, except discoloration over occipital lobes from blood. Brain neither congested nor anæmic, otherwise healthy. And further, that at an inquest held five months after the first autopsy, the indentation on the neck was still distinctly visible; could or not death have been produced by natural causes?"

The answer to this question was given by Drs. Porter, Swinburne, Bridges, Sherman, and Wood, who agreed in stating that it could not.

To each of these physicians the further question was put as to what in their opinion was the cause of death under the conditions named. All agreed in answering positively that death was produced by strangulation with a rope or cord.

The following question was asked in regard to the furrow:

Question 3. "Assuming that the body of a man weighing in the neighborhood of two hundred pounds, forty-one years of age, having a full, fleshy neck, about two hours after death is placed upon a board on its back, with the head raised upon a book and two pillows, and left in that position for about nine hours; and then placed in an ice-box with its head elevated at an angle of about forty-five degrees, and left there for about forty-eight hours, and then removed and placed flat on a table; is it possible that a heavy indentation, commencing near the Adam's apple, and running upward and backward at an angle of about forty-five degrees on either side to within less than two inches of meeting in the rear, could be produced by the changes in position stated?"

The negative answer which was given by the experts to whom this question was put, seems to me entirely correct. I cannot conceive how a fold or crease made by bending the neck should deserve the use of the term "heavy indentation" to describe it, and it is still more inconceivable to me that a fold, or crease, should be made in the *back of the neck* by bending the head forwards, which would necessarily stretch the parts said to be folded. Further, a crease made in the manner described would be most marked in the front of the neck where the centre of the fold would occur, whereas the indentation was not visible at this place. Moreover, the plaintiffs' experts stated that the indentation involved the subdermal adipose tissue of the sides of the neck, and it is very hard to understand how a crease made by bending the neck forward for a day or two could do this and be so deeply impressed as to remain distinctly perceptible after the body had been buried five or six months.

In concluding this statement of the case of Col. Dwight, it remains only to call attention finally to the remarkable agreement that there is in the testimony, and to the fact that there was extremely little conflict, practically no conflict at all, between the experts; that the sole contradiction of any importance was between Messrs. Van Vradenburg, Ayres, and Lee on the one hand, and the experts on the other. If the former witnesses were correct in affirming that there was no indentation in the neck directly after death, the theory of strangulation with a cord drops; although it would still be proved by the internal appearances that death was caused by mechanical asphyxia produced in some other way than by a cord. It must be remembered that it is a well-known fact that in suicidal hanging, in which the suspension has been only for a few minutes, the cord-mark acquires its color only some hours after death, and then becomes more prominent; that Col. Dwight was a heavily bearded man, and that his beard might have hid the fresh indentation from an unsuspecting undertaker. If, finally, it is considered that there is an absolute conflict of testimony, I must leave to the judgment of my readers the probability of the truth being upon the side of Van Vradenburg and the undertaker, with his assistant, or on that of Drs. Swinburne, Sherman, and Bridges, who especially testified to the medico-legal facts in the case, and were corroborated in almost every particular by the notes written at the autopsy and signed by each of the fifteen doctors there present, and also by the evidence of two laymen, Freeman and Hitchcock, as to the appearance of the indentation at the second autopsy.

A CASE OF SEVERE HEMORRHAGE FROM THE KIDNEY, SUCCESSFULLY TREATED BY AN UNUSUAL REMEDY.

BY S. J. RADCLIFFE, M.D.,
OF WASHINGTON, D. C.

THE following unique case of hæmaturia, due to hemorrhage from the right kidney, I think is worthy of record. It shows how formidable such cases may appear, and at the same time how simple, and yet how effective the remedy we have at command to relieve it, as was evinced in this case.

August 2, 1883, I was called to see Miss S., a spare, delicate lady, about twenty-five years of age, a former resident of Louisiana. She had suffered from malarial disorders, such as remittent and intermittent fevers. Her mother died of heart disease, subsequently to rheumatic fever, and had suffered from hemorrhage from the lungs and nose (hæmoptysis and epistaxis), due, probably, to a hemorrhagic diathesis. Other family history unimportant.

Previously to my seeing her she had spent two weeks at Oakland, Maryland, where the temperature is invariably low and subject to sudden changes, and while there was attacked with hæmaturia of

unusual and alarming severity, passing almost pure blood, on account of which, by advice of her attending physician, she returned to Washington.

She had had such an attack, though slighter, two years before; and one year before her feet swelled, and she had another slight attack, lasting a few days, four months before.

At the time of my visit she was a little flushed; temperature 99.5°; pulse 100, weak and small; respiration slightly hurried, but regular; bowels active, and menstruation normal; heart sounds and rhythm normal.

Her general appearance was feeble; she complained of lassitude, and of an aching pain in the right side, in the region of her right kidney, paroxysmal in character, causing during the paroxysms much suffering, and attended by considerable nausea, and she was passing during the twenty-four hours from thirty to forty ounces of thick, muddy, dark, brownish-red urine, uniform in color throughout, quite fluid at top, but forming a thick, partly coagulated, brighter colored deposit or mass at the bottom of the vessel, and showed here and there more or less flaky or shreddy particles.

During the paroxysms of pain and nausea, which at times were severe, the discharge of bloody urine was less, and a little varied in color, on account, probably, of obstruction of the pelvis of the right kidney, and the flow of urine coming mainly from the left kidney. In every other respect the discharge was the same, and fully proved its hemorrhagic nature. She had no pain over the bladder region, or tenderness on pressure, and efforts at micturition were not attended by discomfort or pain, or only occasionally so, as the effort in passing the urine was not great, and not generally urgent. The urine seemed to accumulate so slowly in the bladder that she was not cognizant of any desire to micturate until the viscus was sufficiently full, when she would void it not oftener than three or four times in the twenty-four hours, and it always came in the thick, muddy stream as found in the vessel.

Under the microscope the field was crowded with red blood-corpuscles, some few epithelial scales from the bladder, and a few tube casts, some studded with blood corpuscles. It was nearly neutral or alkaline in reaction. With heat there was thrown down a dark brownish albuminous deposit of about two-thirds, light and frothy at top, and denser below. The fluid on standing, as passed from the bladder, in a test-tube, showed a sediment of one-third, of dark brownish color, the clear portion above being dark claret. The specific gravity was 1.028. By agitating it in the vessel the deposit would partly mix with the more fluid portion, showing no firm clot, but on settling again would flatten out and become smooth, and fibrinous in appearance. No moulds of the pelvis of the kidney or ureter were discovered by an ordinarily careful examination, nor were there any clots passed large enough to obstruct the passage through the urethra, or other parts, sufficiently formed to indicate their source.

This was the condition of the case when first examined, and which continued daily, with very little deviation or change, and constituted its history up to the nineteenth day. A nearly equal quantity of bloody urine was passed each day, having the same general characters, and the hemorrhage continued with such disheartening persistency, the debility and feebleness becoming more and more pronounced, the drain upon her system manifesting itself hourly by the feeble action of the heart, the impending syncope being so great as to urge the necessity of keeping her bed, and assume absolutely the recumbent position, that from hopefulness the patient lost all courage, and began to be very desponding and to regard the future as very gloomy. The pulse-temperature rate was almost always in direct ratio, and a little above normal; the ratio being about 90: 99 *vel* 100: 99.5, and seemed to be about the same morning and evening, and exhibited no irregularity, apyrexia, or exacerbation. The condition was apparently the result of nervous irritability or debility rather than of febrile action.

Her attending physician at Oakland had prescribed gallic acid in large doses, but with no favorable result. I continued the gallic acid alone, and in various combinations for several days, combining the acid with quinine, with ergot, with sulphuric acid, and with a menstruum of cinnamon-water, with opium in several forms added, with like results. I prescribed also tannic acid, sugar of lead and opium, fluid extract of ergot, infusion of buchu and matico, muriated tincture of iron, and this with quinine; extract of logwood, extract hamamelis, with ice externally and internally, counter-irritation by sinapisms and blister over the region of the right kidney, and enjoined quiet, absolute rest in bed with the head low, and every means to allay excitement or agitation of mind or of the nervous system, besides a nourishing diet of milk and beef extract. This treatment was continued until the 21st of August—the nineteenth day of treatment—giving each prescription ample time to operate, and, with the exception of the fluid extract of hamamelis—which seemed to check or lessen the hemorrhage for from twenty-four to forty-eight hours—it appeared as if I might as well have given her so much cold water.

Having gone through this list of approved remedies, in addition to the counter-irritation already set up, and continued, without any real improvement in the case, as a last resort, on theoretical grounds, I prescribed Rockbridge alum water, having prescribed it before with benefit in chronic discharges, as in serous diarrhœa and in bronchorrhœa. I directed it to be taken in champagne-glassful draughts every three hours, to be increased in quantity if found necessary. After the third glass, really, its beneficial effects were manifested. On the second day, the improvement was still more observable. The urine was lighter in color, only smoky, and but little sediment. On the third day, a little return of hemorrhage, with some clots, and pain in the right side. On the fourth day, the urine was nearly free of blood corpuscles; no smokiness; of a dark amber color; only a trace of albumen, slightly milky by heat. On the fifth day, the urine was nearly normal in color and quantity, only a scattered corpuscle here and there, and but a faint trace of albumen. On the sixth day, the urine was normal in

quantity and quality, the color light amber and clear, the sp. gr. 1.018; there was no deposit, or blood-corpuscles or casts. On the 28th of August, one week after beginning the use of the alum water, though quite weak and pale, her appetite had returned; she was able to get on the lounge, and convalescence seemed to have fully set in.

On the 16th September, she had been out riding twice; her appetite improved, and she was cheerful. Her pulse was still quicker than normal, and weak, and she had emaciated considerably, but had had no return of the hemorrhage, and she considered herself safe from that while she took the water, which I ordered continued indefinitely.

At the present time, she is able to take walking exercise to a limited extent, and has gained in flesh and vigor; at the same time, she shows a condition of marked anæmia and of impaired health, which may or may not be overcome in time.

The object I have in view in reporting this case is mainly to show how promptly a natural mineral water relieved it after other usually effective and approved remedies had totally failed to do so, and not to discuss the pathological condition lying behind it, as that may be veiled in uncertainty. The condition may have been that of anæmia, of progressive anæmia, or anæmia or blood-poison of malarial origin, in a subject fully susceptible to the malarial influence, or a predisposition from a hemorrhagic diathesis, all or either of which would be a proper diagnosis. There was no malignant trouble discernible either of the kidneys or bladder, and it could hardly be called a case of simple hyperæmia, or of acute or chronic Bright's disease, or scorbutus or purpura. The hemorrhage, considered as a symptom, was very formidable, and I think such a condition is seldom encountered, and I can believe now that there may be instances where such a hemorrhage might prove fatal.

In the analysis of Rockbridge Alum Water Spring, No. 4, made by Prof. M. B. Hardin, of the University of Virginia, one gallon of 231 cubic inches contained:

Arsenic,	Trace
Antimony,	Trace
Lead Sulphate,	Trace
Copper Sulphate,	0.10370
Iron Persulphate,	2.90132
Magnesia Sulphate,	1.37352
Nickel "	0.22871
Cobalt "	0.08124
Zinc "	0.21748
Aluminium "	72.37335
Calcium "	2.31527
Magnesium "	7.36110
Potassium "	0.17586
Sodium "	0.03463
Lithium "	0.03241
Free Sulphuric Acid,	3.06633
Silicic Acid,	4.38346
Sodium Chloride,	0.14246
Calcium Phosphate,	0.05174
Calcium Fluoride,	Trace
Ammonium Nitrate,	Trace
Organic Matter,	Trace
	94.84258

Cubic inches of gas in a gallon of water:

Carbonic Oxide,	12.72
Oxygen,	1.04
Nitrogen,	4.72
	18.48

Temperature, 54.5° F.
Specific gravity, 1.10174.

MEDICAL PROGRESS.

CHLORAL POISONING.—DR. PAOLO ROSSI publishes a case of poisoning by ʒvij of chloral hydrate, which is chiefly interesting on account of the recovery of the patient.

The patient was a young man, aged twenty-five, who took ʒvij of chloral hydrate dissolved in water, half an hour after eating. About half an hour afterward ʒj of cherry-laurel water was given. Two hours after the ingestion of the drug the patient was seen by Dr. Rossi. At that time the patient had the appearance of one attacked by severe cerebral hemorrhage. The face was congested, the respiration stertorous and 32 per minute, pulse small and 132. The temperature was normal. Cutaneous anæsthesia; muscular relaxation was complete; the pupils were contracted, but mobile. There was no vomiting or purging. The cherry-laurel water had had no effect.

Vomiting was produced by titillation of the fauces. Twenty-eight sinapisms were applied, and ♏xv of ether were injected hypodermatically; an ice-bag was applied to the head, and a clyster of fʒvj of alcohol was administered. About two hours afterward he began to move his arms. Little by little he began to move his body, and finally sat up. On the next day a large dose of citrate of magnesia was administered, which produced four or five evacuations.—*Gaz. degli Ospitali*, October 10, 1883.

HELENINE IN DISEASES OF THE RESPIRATORY APPARATUS.—DR. F. VALENZUELA reports a number of cases of pulmonary affections in which helenine has given very good results.

1. A man, æt. 46, had chronic broncho-pneumonia which had resisted all the usual remedies. Treatment by helenine was commenced to the exclusion of other remedies. In fifteen days there was a very decided amelioration of the disease and of the general health.

2. Male, æt. 36. Pulmonary tuberculosis was diagnosed. The patient had a tuberculous spot at the summit of each lung, and was much troubled by a persistent cough and bloody expectoration. Helenine was given in doses of gr. one-sixth in pill, ten every day, for two weeks. At the end of that time, there was very marked improvement in the physical signs and general symptoms.

In private practice, Dr. Valenzuela has excellent results from helenine. The best effects from it are obtained in whooping-cough. It may be administered internally or by inhalation: the first method is always sufficient. It has a tonic effect on the general system, increasing the appetite, and seemingly aiding digestion.—*Bull. Gèn. de Thérap.*, December 15, 1883.

RUPTURE OF THE VESSELS OF THE UMBILICAL CORD.—This case, both rare and interesting, is reported by the late DR. RIVET in the *Archives de Tocologie*, September, 1883. It was observed in the service of Dr. Boudin at the Charité.

The case was that of a woman pregnant with twins. One child was delivered without accident, and the second, enveloped in an amniotic sac, presented. The membranes did not rupture until the head presented at the vulva, when a jet of blood was seen to escape from the free edge of the ruptured sac. Delivery was effected, and the following state of things found: There were two distinct placentæ. Into the first the cord was inserted marginally, in the second centrally. The rupture had taken place at the entrance of the vessels, and the two arteries and the vein were ruptured. This explained the escape of blood when the second sac was ruptured. The second child was born apparently dead, but was resuscitated.—*Bull. Gén. de Thérap.*, Nov. 30, 1883.

TUMOR OF THE ANTERIOR MEDIASTINUM.—PROF. PIETRO BURRESI reports the following case:

A. M., æt. thirty-five years, a robust man, of healthy family, and with no history of hereditary disease. In infancy, and up to the age of eighteen years, he had suffered with blennorrhagia. He had an attack of typhoid fever at the age of twenty-one, and was ninety-three days convalescing. Three years later, he had an ulcer on the glans, which did not entirely cicatrize for fourteen months. There was no inguinal adenitis during the period of this ulcer, nor was it followed by syphilitic manifestations of any kind. At the age of twenty-five years, he had attacks of malarial fever. Since that time he has not been well.

In 1880 he began to complain of various pains, which he described as rheumatic, and especially of a pain situated in the anterior superior part of the chest. In 1882, the pain having increased, he entered a hospital, having incessant cough and some oppression of respiration. In April, 1883, the fever returned, accompanied by a dry cough. The pain extended from the left subclavicular fossa to the sternum and precordial region, and extended down the left arm. In the latter part of April, tumefaction of the face and cyanosis began to appear, which gradually increased, and extended to the neck and the whole upper part of the chest, with a sense of constriction, dysphagia, and continued oppression of respiration. Slight epistaxis occurred early in May. The skin of the upper part of the body became bluish, the arms and forearms being also involved. The respiration was irregular and labored. The cardiac impulse was weak, but distinctly appreciable in the fifth intercostal space, and extended to the parasternal line. The left radial pulse was somewhat smaller than the right. These symptoms and the physical signs common in such cases increased, and the patient went from bad to worse, and died on May 30, 1883.

Autopsy.—On opening the chest there was found adherent to all the surrounding structures, and completely occupying the anterior mediastinum, a tumor extending from the base of the neck to the diaphragm. It was adherent to the costal cartilages and sternum on both sides, and to the costal pleura, the left lung being also invaded to a considerable extent. The tumor was of ovoid form, measuring in its long diameter about eight inches, and about five and a half inches in thickness. Microscopical examination by Dr. Banti showed it to be a round-celled sarcoma.

The left lung was invaded for about two-thirds its whole extent, the other third being in a state of atelectasis from compression. The right lobe was a little smaller than usual, and atelectatic in the upper part. The anterior portion of the external surface of the pericardium was invaded by the neoplasm, the auriculo-ventricular groove being filled. The aorta was embraced by the tumor in its whole ascending portion and arch, the origin of the innominate and corresponding common carotid being also involved, as was a part of the left subclavian artery. The right subclavian was completely embraced by the tumor in its first part, and constricted. The superior vena cava was compressed, as was the pulmonary artery. [For other cases, with account of symptoms and autopsies, see the *Am. Journ. of the Med. Sciences*, Jan. 1884, p. 271.]—*Lo Sperimentale*, Nov. 1883.

TREATMENT OF PHAGEDÆNIC CHANCRE WITH PYROGALLIC ACID.—M. VIDAL, Surgeon to the Hôpital Saint-Louis, has called the attention of the Academy of Medicine to the treatment of phagedænic chancre, which he has used for several years. The following are the formulæ usually employed by him: Pyrogallic acid one part, vaseline four parts; another, which has given excellent results, is pyrogallic acid and starch each one part, vaseline three parts. For anfractuous sores, with many prolongations, he uses the following: Pyrogallic acid one part, powdered starch four parts. This powder is blown into the various parts of the sore by means of a powder-blower. The dressings to be renewed twice a day. Only a fresh preparation should be used, kept in a closely stoppered bottle.—*Bull. Gén. de Thérap.*, November 30, 1883.

EXPERIMENTAL DIPHTHERIA.—A series of valuable experiments and investigations upon the subject of diphtheria have lately been published in Leipsic by DR. O. HEUBNER, and reviewed in the *Centralblatt für klinische Medicin*, No. 43, 1883. Following the lines previously traced by Treitz, Oertel, Weigert, and others, who had already succeeded in the artificial production of false membranes upon mucous surfaces, he made a series of experiments with the view of producing such artificial membranes in a manner more resembling the natural processes of disease than had before been attempted. By modifying the blood supply of a portion of the mucous membrane of the bladder he succeeded in producing a form of epithelial necrosis with the formation of a definite membrane in every way corresponding to that found in diphtheria. By occluding a large branch of an artery for several hours, and then restoring the circulation, he found that the following changes were induced: Inflammatory œdema with detachment and vacuolation of the epithelial cells, the mucous membrane becoming surrounded with an albuminous exudation which speedily coagulated. In about ten hours parts of the tissue thus affected showed signs of necrosis; in forty-eight hours these parts became still further decolorized, and stood out as yellowish-white patches upon the surface of the mucous membrane. On the edges of these patches the surrounding healthy

epithelium was observed to be thickly infiltrated with blood corpuscles. This coagulation-necrosis advanced steadily, gradually attacking the whole mucous membrane of the bladder, the hemorrhagic infiltration advancing with it. It seems more than probable that the production of simple membranous croup in the human subject may be due to a similar temporary arrest of circulation from spasmodic contraction of vessels. But from Heubner's experiments it must be concluded that the immediate cause of the local affection of the mucous membrane in diphtheria must be temporary arrest and subsequent restoration of the circulation. This, however, is only a small part of the pathology of the disease. By injecting into the circulation portions of genuine diphtheritic membrane, it was found that the poison concentrated itself especially within the artificially produced patches of membrane, and injections made with this latter membrane were found to be far more fatal in their results than were those made with the first membrane, produced by the natural processes. Further, it was found that injections of apparently healthy membrane in the neighborhood produced no result whatever. That an active poison must be at work in these cases is almost certain; but the question of its nature remains still unsettled. Whether it must be ranked with the class of septic poisons, of which Koch has enumerated a series, or whether a genuine diphtheritic poison exists distinct from these, cannot at present be proved, although Heubner's experiments have fairly opened a way which may eventually lead to its discovery.—*Med. Times and Gaz.*, December 1, 1883.

METHOD OF HASTENING THE ANÆSTHETIC ACTION OF THE ETHER SPRAY.—The ether spray is employed frequently at the Hôpital St. Louis in Paris for the production of local anæsthesia. A little device, first indicated by Dr. Letamendi, of Barcelona, but not hitherto utilized in practice, is employed by Dr. Vidal to shorten the duration of the process of congelation. It consists in making a slight prick with a needle at the point upon which the spray is directed, at the moment when the skin assumes a purplish hue, and when the ether, commencing to solidify, assumes an oily consistency. The little puncture made at this time excites a reflex constrictive action of the vaso-motor nerves, the blood is driven from the part, and the skin becomes white. Another method of hastening the process consists in placing little wads of lint about the part, thus increasing the surface of evaporation.—*Practitioner*, Dec. 1883.

TURPENTINE IN DIPHTHERIA.—According to DR. SATLOW, spirits of turpentine, administered internally, gives superior results to the usually employed remedies for diphtheria. Its value was accidentally discovered by Bosse, of Domnau, a spoonful having been given by mistake to an infant suffering with diphtheria. Satlow first used it in teaspoonful doses, in March, 1881, in the case of an infant in immediate danger of death. The result was excellent. Two other trials, followed by equally favorable results, convinced him of the good effects of this substance, and of its harmlessness in large doses.

He has now used turpentine in forty-three cases, and has had only one death, the result of paralysis of the heart in a case already convalescent. Of the forty-two cases of recovery, three had diphtheria of the larynx and nose, seven had albuminuria, and one had hæmaturia. There was paralysis in four, and strangury without albuminuria in some others.

Satlow uses, when possible, the freshly distilled spirit in the following doses: For children, up to the age of nine years, he gives a coffeespoonful; for children above the age of nine, two coffeespoonsful, and for adults a dessertspoonful during the day, always giving a quantity of milk or wine after the dose. The appearance of strangury is an indication for the interruption of the treatment, but not for its cessation.

The tolerance of patients for the medicine is variable. After taking it they sometimes complain of burning pain in the throat, a sense of pressure in the stomach, and sometimes vomit. The addition of ether ♏xv to spirits of turpentine ℥ss will often prevent the vomiting. The greater part of the medicine is eliminated with the feces and urine, the latter having the peculiar violet odor so well known.

The action of the remedy is manifested by swelling and softening of the membranes, which become transparent and finally disappear with the inflammatory phenomena, the painful deglutition, and the ganglionic swelling. The complete effect is only manifested on the third or fourth day in grave cases. The efficacy of turpentine depends on its antimycotic properties, Koch having shown that a solution of one to seventy-five thousand will arrest the development of charbon spores. —*Centralbl. f. die gesammt. Thérap.*, September, 1883.

MOSS AS A DRESSING.—Turf has been sometimes used topically as a dressing for suppurating wounds. Its absorptive property is due in a great measure to the moss which it contains. M. NAGEDORN employs fresh moss in the same manner, dried at a temperature of 105° or 110° C. in a stove, and placed in pillows. In using this with the antiseptic dressing, a small cushion of gauze, impregnated with a solution of corrosive sublimate, is first applied; then a larger cushion, to cover the field of operation, and then a third still larger, the whole being maintained by bandages. This dressing is sprinkled, as necessary, with an antiseptic fluid.—*Journal de Méd. de Paris*, December 15, 1883.

THERAPEUTICS OF IODOFORM.—FRUEHWALD reports twenty-six cases of diphtheria which were treated with iodoform in Prof. Widerhofer's clinic at Vienna. It was employed by insufflation, or by dusting; also by applications of a ten per cent. iodoform-ether solution. In some cases, especially in mild ones, there was an early expulsion of the diphtheritic deposit. In others, particularly in severe cases, neither a local nor a general effect was accomplished. Also in one case of a diphtheritic wound, iodoform proved useful as a topical application. In another case of diphtheritic conjunctivitis the effect was less marked. In ten of these twenty-six cases the patients died. Iodoform also proved to be very useful in the treatment of stomatitis ulcerosa, the affected parts being brushed over, once daily, with cotton which had been dipped in iodoform powder. Gelatine bougies containing fifty per cent. of iodoform, six centimetres long, and from three to five millimetres in diameter, were, in certain cases, remarkably effective in vulvo-vaginitis. Unpleasant results were never observed. —*Archives of Pediatrics*, January, 1884.

THE MEDICAL NEWS.

A WEEKLY JOURNAL

OF MEDICAL SCIENCE.

COMMUNICATIONS are invited from all parts of the world. Original articles contributed exclusively to THE MEDICAL NEWS will be liberally paid for upon publication. When necessary to elucidate the text, illustrations will be furnished without cost to the author. Editor's Address, No. 1004 Walnut St., Philadelphia.

SUBSCRIPTION PRICE, INCLUDING POSTAGE,

PER ANNUM, IN ADVANCE, ... $5.00.
SINGLE COPIES, ... 10 CENTS.

Subscriptions may begin at any date. The safest mode of remittance is by bank check or postal money order, drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in REGISTERED letters.

Address, HENRY C. LEA'S SON & CO.,
NOS. 706 & 708 SANSOM STREET,
PHILADELPHIA, PA.

SATURDAY, JANUARY 12, 1884.

SUDDEN DEATH IN DIPHTHERIA.

THE accidents which may occur in any case of diphtheria must be apprehended until health is fully restored. The most formidable of these accidents is sudden death. In our last issue there is reported an interesting example of such an unexpected termination of a case, severe indeed, but by no means remarkable for the extent and variety of the lesions. Other instances have appeared from time to time in our columns, and in the pages of our contemporaries. It may, therefore, be useful to place before our readers a survey of the conditions which result in sudden death in some cases of diphtheria.

It is first to be noted that many of these suddenly fatal cases occur during the period of supposed convalescence. They are the more to be dreaded in that an early restoration to health is expected by the friends, and confidently predicted by the physician. Very often the end comes when the patient, raised to the erect posture, is in the act of taking food. Failure of the heart is supposed to be the cause of death, when apnœa has been induced by closure of the glottis by food or drink. This may occur in mild cases of diphtheria. Donders was amongst the first, if not the very first, to show that paralysis of the muscles concerned in deglutition—especially the pharyngeal muscles—is a not uncommon condition in simple cases, and often precedes all other symptoms of diphtheritic paralysis. The alimentary bolus not being properly grasped, and the entrance to the larynx insensitive, articles of food and drink may readily drop into the chink of the glottis. As respiration is apt to be hurried, and the need of air imperious, an ill-timed inspiration may precipitate the catastrophe. The position of the epiglottis is another element in the sources of danger. Not properly supported, and therefore much inclined downwards, particles of food accumulate behind it, and thus, suddenly, by a strong inspiration, it is brought down on the larynx as a valve, which is the more firmly fixed there the stronger the inspiratory efforts. Thus, in several modes, may life be suddenly extinguished by closure of the glottis. Less rapidly may the same mechanism determine a fatal result by setting up a traumatic pneumonia. Small particles passing the chink of the glottis enter the lungs, and excite a peculiar and rapidly fatal inflammation.

Simultaneously with the faucial paralysis, the respiratory muscles may be affected, and although this usually induces a rapid congestion of the lungs, it may be a cause of sudden death. Without any pronounced symptoms, besides some embarrassment of breathing, which may be largely subjective, the respiratory muscles may suddenly fail and death ensue with apnœa. These modes of sudden death, are, however, far less common than that due to paralysis of the heart.

It is quite foreign to our purpose to consider the various lesions of the heart which may occur in the course of diphtheria. We are here concerned with those changes which are common causes of sudden death. These are chiefly two: myocarditis, or parenchymatous degeneration of the muscular tissue, and paresis of the cardiac motor ganglia. To the changes of the former may be added the effects of migrating micrococci colonies, and the latter is a part of a general change in the ganglia of the sympathetic. Damaged in respect to one or both of these parts, the heart may still be capable of carrying on its work when the body is recumbent. The fatal paralysis occurs when a change to the upright position requires the organ to put forth more vigorous efforts. Either the ganglia cannot produce the needed force, or the muscles prove unequal to the sudden strain, or both fail simultaneously. Quick arrest of the heart's action may also result from heart-clot. Weakness of the muscular tissue of the organ, and consequent feeble contractions, is an important factor in these cases, but the most influential condition is hyperinosis of the blood. Ulcerative endocarditis, in which, also, migrating micrococci colonies may play a part, favors coagulation of the blood. Although heart-clot is popularly assigned a high place as a cause of sudden death in diphtheria, it is, probably, very infrequent.

Another mode of sudden death—cerebral—there is reason to believe, does happen more frequently than is now supposed. We refer to cerebral hemorrhage and the so-called serous apoplexy, both accidents which may attend on albuminuria. In

making this statement we are not unmindful of the convulsive phenomena, and the direct interference with the respiratory centre, which may be due to the cerebral changes consecutive to albuminuria.

The means to obviate the danger of sudden death in diphtheria, must be largely prophylactic. The necessity for the careful administration of food needs hardly to be stated. In the cases of paralysis involving the apparatus of deglutition, the use of the feeding-pump of Débove might prove valuable. In the condition of anæsthesia present in these cases, the operator passing the stomach-tube should not fail to remember the unfortunate experience of that London surgeon, who, supposing his tube had reached the stomach, was found after death to have filled his patient's lungs with the chalk-mixture intended for the former organ.

The measures necessary to preserve the strength of the heart, to be properly stated, would require a dissertation on the treatment of diphtheria. We should not close, however, without a word of caution in regard to the use of digitalis. A remedy like this, which raises the vascular tension and increases the inhibitory action of the pneumogastric, may impose a fatal burden on the heart's movements. The heart is to be strengthened rather by those means which promote digestion and assimilation.

THE TRANSPLANTATION OF CARCINOMA AND SARCOMA.

IN a contribution to the *Revue de Chirurgie*, No. 11, 1883, M. NICAISE discusses the subject of the inoculability of malignant growths, and arrives at some conclusions which are at variance with the published experiments of not a few observers. Although it is quite true that attempts to reproduce carcinoma and sarcoma by means of inoculation under the skin with the juice of these morbid growths, by its injection into the veins, or by inserting particles of the fresh tumor into a recent wound, usually fail, it is none the less true that a sufficient number of positive results have been obtained to demonstrate conclusively that these products may be transmitted in the ways just mentioned.

In summing up the results of his labors, which were confined solely to an examination of the literature of the subject, the author formulates the following conclusions: First, that the transmissibility of cancer from man to animals has not been demonstrated; and, secondly, that the same statement holds good for the transmissibility of cancer from an animal to an animal of the same species. Bearing in mind that he employs the term cancer as the substantial equivalent of sarcoma and carcinoma, we think that we will be able to show, in the cause of scientific inquiry, that both propositions are groundless, possibly from an insufficient knowledge of the entire field of experimentation.

That the malignant growths may be transmitted from man to the lower animals has been demonstrated by the following observers: Lebert and Follin injected from sixty to seventy grammes of the juice of carcinoma of the breast into the jugular vein of a dog. On the death of the animal, at the expiration of two weeks, a number of carcinomatous nodules were found in the heart, and the liver was the seat of miliary carcinosis. Professor Klencke, of Braunschweig, inoculated the conjunctiva and lachrymal gland of an old horse with the juice of a pigmented sarcoma of the orbit. A black spot remained in the conjunctiva, and, at the end of sixteen weeks, the entire gland was converted into a similar growth, which produced protrusion of the globe. Langenbeck injected fresh carcinomatous juice into the femoral vein of a dog. The animal was killed in three months, when three flat nodes were detected in the lung, which Virchow pronounced to be carcinomatous. O. Weber injected the juice of a medullary cancer into the femoral vein of a dog, and inserted particles of the tumor under the skin. At the end of sixteen days a large growth, possessing the same structure, had developed under the skin. Lebert and Wyss inserted the juice of a melanotic sarcoma under the skin of a rabbit; on death, in two months and a half, a tuberous pigmented mass, two inches square, had formed. Finally, Mr. Wile succeeded in transmitting carcinoma from man to two dogs by inserting grafts under the skin.

The positive results obtained from subcutaneous grafting in animals of the same species, are, so far as we are aware, only three in number. Noivinsky inserted particles of medullary carcinoma of the nose of a dog into fresh wounds made in the backs of other dogs. Two out of the fifteen developed carcinoma at the point of inoculation. The third case occurred to Goujon, who succeeded in grafting a guinea-pig with epithelial carcinoma derived from another guinea-pig.

In connection with this subject, we may be permitted to refer to a case which proves the transmissibility of medullary sarcoma from an inferior animal to man, and which may be found in the *Wiener medizinische Jahrbücher*, Bd. 2, p. 162, 1862. A subcutaneous recurrent encephaloid sarcoma behind the scapula of an ox was incised on account of deceptive fluctuation, and gave exit to a sanious discharge. The wife of the owner, aged twenty-three years, cleansed the part many times, there being a wound on the outer side of the fourth finger of her right hand. In a few days a small warty excrescence was noticed at the site of the lesion, which had attained a diameter of three-fifths of an inch in one month,

was the seat of burning pain, and was covered with a grayish-white pellicle. Dr. Kuhn, of Niederbronn, finding it to be a sarcoma, destroyed it with the Vienna paste, and there was no recurrence in three months.

In the preceding paragraphs we have briefly referred to seven examples of the transferrence of malignant growths from man to the lower animals, in three by the injection of the juice into the veins, in two by the insertion of the juice beneath the skin, and in two by grafting portions of the tumor into recent wounds. In three examples, moreover, positive results were obtained by grafting from one animal to another of the same species, and in one case the juice of a sarcoma of a bullock set up a similar disease in the human subject. These positive results sustain, therefore, the view expressed in the second paragraph of this criticism, namely, that the conclusions of Nicaise are erroneous.

In a clinical lecture delivered during the current year, Dr. T. G. Thomas stated that there is great danger of propagating carcinoma by means of sexual intercourse, and that repeated instances of cancer of the penis being contracted in this way are on record. In the *Weekly Medical Review* for October, he modifies these assertions, which he cannot sustain, either from personal experience, or a knowledge of the observations of others, and remarks that he has met with only one example of carcinoma of the penis which he thought had this origin.

Following up this subject, Dr. Paul F. Mundé addressed letters to, and received answers from, Satterthwaite, Welsh, Weir, and Wyeth, of New York; Czerny, of Heidelberg; and Billroth, of Vienna, which may be found in the *New York Medical Journal* for October 27, and the outcome of which is that there is not a single authenticated case on record of inoculation of the penis by a carcinoma of the uterus. Such an occurrence is barely possible under favorable circumstances, and is worthy of further investigation. However this may be, there is no evidence whatever of the heteroinoculability of malignant growths in the human subject.

THE RADICAL CURE OF UMBILICAL HERNIA.

IN the *British Medical Journal*, for December 8th, MR. LAWSON TAIT makes a preliminary note of his practice in exomphalus. In eleven cases he has opened the sac, freed all adhesions, reduced the intestine, removed redundant and irreducible omentum, pared the edges of the ring, and stitched them together with a permanent, continuous silk thread. All of the patients recovered, and in three, in which the subsequent history could be followed, the cure was assured after eleven, eight, and five years, respectively.

This operation, thus briefly described, is well worthy of general acceptance. The superstitions regarding opening the cavity of the peritoneum have disappeared, and the danger on this score may be disregarded. What is known as the subcutaneous operation of closing the ring is open to the very serious objection of the danger of wounding the small loop of the intestine which is almost invariably present in the sac. Even if this were not the case, the omentum, which is, as a rule, adherent to the inner surface of the sac, is an insuperable bar to the permanent closure of the ring.

BACKBITING—A SERMON.

"SPEAK as you think, be what you are, pay your debts of all kinds," says Emerson; but the sage of Concord had the gift of an amiable spirit which could see no ill in his neighbors, and had only kindly feelings for all mankind. Thus provided, any one may be trusted to have his say, when the spirit of talk moves him. Most of mankind, however, need to be muzzled, or, if permitted to utter their thoughts, should have license only for the matured expression of kindly feelings.

Of all men, physicians owe it to themselves to be considerate of each other. The doctor lives before the public eye, and is the subject of unstinted praise by friends, of unlimited blame by enemies. So often must the termination of a case be adverse to the hopes and wishes of the friends and relatives, that the physician frequently receives a larger measure of suspicion and distrust, if not actual blame, than he does of just appreciation. Indeed, the best and wisest men in the medical profession, although bound to their patients by the closest ties, and rated amongst the highest for integrity, learning, and skill, are sometimes cruelly slandered, and by those from whom they have a right to expect the warmest gratitude. When the yearly balance is struck between benefits received and injuries borne, there may be slim reasons for congratulation. Should not doctors, therefore, be tolerant of each other, forbearing, and generous?

Personal qualities and peculiarities, habits, professional aims and methods, are criticised by a doctor's friends, and condemned by his enemies. The avenues to professional distinctions are beset with thorns and pit-falls; the distinctions are few and of small relative value; the competition is keen, and the spirit of it, if outwardly decorous, is oftentimes beneath marked by rancor. The candidate for place is lucky, indeed, if he comes out of a contest with a whole reputation. If a man succeed in creating an excellent position by severe and unremitting attention to all the details of a medical career, those less fortunate, be-

cause less active, are too apt to attribute the success to unworthy methods, and the failures to the exercise of unpopular virtues.

If no purpose is to be served by it, evil-speaking is indulged in, sometimes, for the mere pleasure that it affords. There are some people who always feel badly when a colleague does a creditable thing, and are correspondingly pleased when he comes to grief in any way. When failure occurs, or some evil act comes to light, under a hypocritical pretence of sorrow lurks an unctuous satisfaction. The best of us, poor creatures that we are, do not have that regret for the deep misfortunes of our friends that we give to the smallest disappointment of our own.

Probably, after all, the greatest wrongs done to our medical friends are perpetrated in the trivialities of ordinary gossip. We are so fond of a joke that tells against a neighbor—that does not hurt him too much, that makes him but a little ridiculous and that lowers him somewhat from our professional and social eminence. We are loath to do him any hurt, but would gladly take down his conceit a little, strictly for his own good. But a joke may contain a stigma that lasts. Give a dog a bad name, and hang him, is an old adage. Make a doctor ridiculous, and his best friends feel a little self-apprehensive in his company. What is fun to the boys is death to the frogs.

At this resolution-forming period it were well to have done with evil-speaking of our fellows. The remedy for the evil of backbiting is older than our oldest medical work; it is contained in some formula of the most ancient religions; it is the often-quoted but too-little practised Golden Rule, expressed in its most compendious form, "Do as we would be done by."

AN ENGLISHMAN'S OPINION OF SOME AMERICAN WORK.

IN a recent "Address on the place of Literature in Medicine," DR. CULLINGWORTH, of Manchester, referred to two monographs as specimens of that kind of literary workmanship of the first order. One of these is Dr. Bowditch's paper on "Diaphragmatic Hernia," and the other is Dr. Read's "History and Treatment of Placenta Prævia."

Dr. Bowditch is too well known to require any explanations regarding his history and place in the medical profession. Dr. Cullingworth is mistaken, however, in assigning Dr. Read to Philadelphia, and we observe that some of our contemporaries repeat his error. His essay was, it is true, published in that city, but Dr. Read is a resident of Boston. We learn from *The Medical Register for New England*, that he was graduated A.B. from Dartmouth in 1839, and M.D. from Harvard College, in 1842. Beside this essay on "Placenta Prævia," which Dr. Cullingworth regards as a model of its kind, Dr. Read has also contributed to THE AMERICAN JOURNAL OF THE MEDICAL SCIENCES for 1858, a paper on "The Influence of the Placenta on the Development of the Uterus during Pregnancy," and in the same journal for 1861, another paper "On the Formation of Knots in the Umbilical Cord." Notwithstanding the good work which Dr. Read has done, he is probably less known to the American medical public than some far inferior writers. Now, that he is honored by foreign notice, his colleagues on this side of the water will begin to appreciate his merit. Otherwise he had gone to his grave "Unwept, unhonored, and unsung."

In further illustration of the place which the profession of this country is surely attaining in medical literature, we may mention that Dr. Cullingworth quotes freely from Dr. Billings's London International Congress address, which he designates as "admirable."

LUXATIONS OCCURRING SUDDENLY DURING THE COURSE OF GRAVE FEVERS.

AT a recent meeting of the Société de Chirurgie de Paris, recorded in the *Gazette Hebdomadaire*, No. 48, M. VERNEUIL made an important addition to the literature of pathological dislocations, when he narrated seven examples of these accidents occurring during the course of acute articular rheumatism. In addition to his own personal observations, he reported one case from the practice of Marjolin, and in the discussion which followed, Delens added one case, and Lannelongue described two cases which occurred during the progress of typhoid fever and traumatic meningitis.

The first case of Verneuil, which may serve as a type of the remainder, was that of a girl, ten years of age, who was attacked with acute general rheumatism, which soon became localized in the left lower extremity, during convalescence from typhoid fever. The temperature was high, the pain intolerable, and the member assumed a vicious position. On the twelfth day, the suffering suddenly ceased, the limb was shortened, flexed, adducted, and rotated inwards, and the head of the femur rested on the dorsum of the ilium. Reduction was speedily effected under chloroform, and the limb was secured in Bonnet's splint.

Of the eleven cases, the hip was luxated in nine, and the knee was subluxated in two. In eight examples, the accident occurred during the course of rheumatism, in two during the course of typhoid fever, and in one during the course of traumatic meningitis. Eight of the patients were children of from five to eight years of age, and in not a single one was there any evidence of inflammatory changes

in the articular extremities of the bones. The accident is caused by the sudden and vigorous contraction of the flexors of the joints, their antagonists, the extensors, being paralyzed and atrophied, and its occurrence is favored by the flexed state of the joints, and, possibly, by the loss of resistance on the part of the ligaments from intraärticular effusion. In the way of prevention, the flexion of the joint should be overcome and the limb be immobilized. After the luxation has taken place, the tendency to recurrence should be obviated after reduction, by massage, electricity, and other measures calculated to restore the tonicity of the wasted muscles.

SOCIETY PROCEEDINGS.

THE NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, January 3, 1884.

THE PRESIDENT, FORDYCE BARKER, M.D., LL.D., IN THE CHAIR.

IMMEDIATELY after the reading of the minutes the polls were opened for the

ANNUAL ELECTION OF OFFICERS.

The result was as follows:

Vice-President.—Dr. Robert F. Weir.

Member of the Board of Trustees.—Dr. C. R. Agnew.

Treasurer of the Board of Trustees.—Dr. F. A. Castle.

Member of the Committee on Admission.—Dr. Daniel Lewis.

Member of the Committee on Ethics.—Dr. C. D. Varley.

Member of the Committee on Education.—Dr. W. G. Wylie.

Member of the Committee on Library.—Dr. A. Jacobi.

THE REPORT OF THE TREASURER.

Dr. W. F. Cushman showed that during the year ending December 15, 1883, the receipts had been $4249.57, and the disbursements $4429.78, leaving a deficit of $179.79, which had been covered by a temporary loan. In the

REPORT OF THE BOARD OF TRUSTEES,

the Academy was congratulated on the character of the papers presented during the year, and the scientific discussions which they had elicited, and on the condition of the society's building and library. There had been, too, a marked increase in the number of readers, and the library and reading-rooms were frequently visited, not only by physicians, but also by lawyers and laymen from all parts of the State. The report was signed by Dr. G. M. Smith, Secretary.

THE REPORT OF THE RECORDING SECRETARY

showed that during the year twenty new Resident Fellows had been elected, while the deaths embraced seven Resident Fellows, one Non-resident Fellow, and one Honorary Fellow. There had been one resignation. The roll of the Academy now consisted of 380 Resident Fellows, 18 Non-resident Fellows, 43 Corresponding Fellows, and 6 Honorary Fellows. Total, 447.

The reports of the Corresponding and Statistical Secretaries, and of the Committees on Admission, Ethics, and Education were read by title, and the

REPORT OF THE LIBRARY COMMITTEE

was read in full. It stated that the number of visitors during the year was 4699, and the number of blanks filled in the circulating department 395. The donations during the year had consisted of 721 bound volumes, and 1839 pamphlets; and 7349 copies of medical journals had been received. The estimates for the ensuing year were as follows:

For salaries, ...	$1212 00
For journals, ...	650 00
For incidental expenses, . . .	138 00
Total, ...	$2000 00

DR. FRANCKE H. BOSWORTH then presented a

PORTRAIT OF THE LATE PROF. JAMES R. WOOD,

on behalf of a number of his old students. In the course of his address, he stated that it was not as the eminent surgeon, nor as the great clinical teacher, that he wished to speak of Dr. Wood to-night, but rather as a beloved and revered preceptor; and he thought that it was in all probability the recollection of his own early struggles that made Dr. Wood so eager to aid his students in every possible way in preparing them for their future work, and making positions for themselves. No one could come in contact with him without feeling his magnetic influence, and it was his wonderful enthusiasm for teaching, he thought, which was the secret of his extraordinary success in this field. The portrait had been painted by the well-known artist, Mr. Thomas Hicks, and its fidelity would speak for itself. No more fitting place could be found for this work than the Academy of Medicine, and it was the desire of those contributing it that it should always remain upon its walls as the memorial of one who was not only a great surgeon, and a great clinical teacher, but, above all, one who was the friend of the medical student.

THE PRESIDENT accepted the gift on behalf of the Academy in some appropriate remarks, and then introduced DR. FREDERICK S. DENNIS, who read a

MEMOIR OF DR. WOOD.

In the beginning of it, he said that Dr. Wood was personally identified with the Academy of Medicine more closely than with any other society. To it he had made his most valuable scientific contributions, and on its platform he had delivered his last public address. Dr. Dennis gave a detailed account of his early years, and spoke of the taste for anatomy which he developed even in his youth. He was accustomed to spend his summers in hunting and fishing on Long Island, and it was a favorite amusement of his to prepare and mount the skeletons of small animals and fish; so that the sports of the boy, he believed, really determined the career of the man.

He then proceeded to speak of him more particularly in the three great departments of his professional labor; as founder, clinical teacher, and surgeon, and said that his work, both for quality and extent, took high position among the best. He showed him to have been a great

politician, but one of the highest character, who never could be induced to accept any office whatever; and gave a history of the means by which he obtained control of the public institutions of the city, from which resulted the establishment of Bellevue Hospital on its present basis, and the foundation of Bellevue Hospital Medical College. One of the earliest objects which he had in view was the formation of the anatomical and pathological collection which has since become so famous, and for the enrichment of which he constantly offered prizes for the best mounted specimens. This museum he presented to the Commissioners of Charities and Correction in 1856, and up to the time of his death it was his aim and ambition to make it as complete as possible in every department. Of it, Dr. Willard Parker had remarked that it was the greatest monument ever erected to any surgeon in this country, and the London *Lancet* had paid the highest tributes to its value.

The attendance at Dr. Wood's surgical clinics at Bellevue Hospital often reached nearly one thousand individuals, and the present system adopted in almost all the medical colleges of combining much more largely than formerly clinical with didactic teaching, owes much to his efforts in this direction. In the treatment of surgical cases the three points on which he laid most stress were rest, cleanliness, and free drainage. Surgical cleanliness was a *sine qua non* on which he always insisted, and which he carried out in the minutest detail in practice. In his operations he never used sponges, but substituted for them pieces of lint which had been dipped in a solution of carbolic acid, and which were thrown away after being used once.

Having spoken of his contributions to surgical literature, Dr. Dennis went on to glance over the long list of his operations, and the many triumphs that he won in almost untried fields. He mentioned particularly his success in periosteal surgery, in operations upon the arteries for aneurisms and other pathological conditions, and in the surgery of the nerves. Up to the year 1879 he had performed nearly one-fourth of all the operations that had been ever done in the world for the relief of tic douloureux by the removal of Meckel's ganglion. His reputation was an international one, and at the German Medical Congress, in 1877, the distinguished Langenbeck had exhibited the celebrated jaw-bone of the Wood Collection, reproduced from the periosteum, with the remark that there was not another such specimen in the whole of Europe. The *Lancet* had also sung his praises as one of the pioneers of periosteal surgery. In genito-urinary and abdominal surgery, in addition, he was a very successful operator, and the last occasion when he spoke in any society was when he made his reply before the Academy of Medicine to Dr. Sims's paper on gunshot injuries of the abdomen. The latter had advocated the opening of the peritoneal cavity as in ovariotomy, but he had opposed this on the ground that in ovariotomy the patient was prepared by preliminary treatment, and there was no shock till after the operation, while in gunshot injuries of the abdomen the patient was already in a state of shock, and the case was very different. He did not perform ovariotomy himself, as he believed it was an operation which should be left to those who had made a special study of the details of the procedure. One of the last operations which he witnessed was one performed at the Woman's Hospital by Dr. Emmet.

As an operator he was exceedingly bold and dexterous, and the rapidity with which he sometimes operated was remarkable. He had once amputated a thigh in nine seconds, and before the discovery of anæsthetics this celerity was often of the greatest practical importance.

Dr. Dennis then spoke of his labors, in connection with Drs. Payne and Parker, in securing the passage of the dissecting bill now in force, which was only accomplished after four years of hard work; and in establishing, with the assistance of Drs. Flint and Smith, the noble training school for nurses at Bellevue Hospital. In conclusion, he quoted a private letter from Professor Gross, in which he said that in Dr. Wood's death the profession had lost one of its most beloved members, and one of its brightest ornaments.

At the conclusion of Dr. Dennis's paper, DR. T. ADDIS EMMET read a

MEMOIR OF DR. J. MARION SIMS.

Having spoken of his early career, and the papers which introduced to the profession his treatment of trismus nascentium, his vaginal speculum, the use of silver wire sutures, and his operation for vesico-vaginal fistula, he gave an interesting account of his first introduction to Dr. Sims, soon after the latter removed to New York, in 1853. In October of that year he received his first patient from Dr. Mott, the case being a very bad one of vesico-vaginal fistula, with the cervix uteri turned into the bladder. Dr. Emmet then gave a somewhat detailed narration of the organization and subsequent history of the Woman's Hospital, of which Dr. Sims was the originator. He had, however, none of the qualities of an organizer, and the work was thus accomplished in great part with the assistance of others. Among those whose aid was most efficient were Dr. Barker, who possessed great influence with the ladies constituting the Board of Managers, the late Dr. Francis, Mrs. T. C. Doremus, and Messrs. Beckman and Benedict.

He spoke of the triumphs which he achieved at the hospital, and told how his enthusiasm and zeal were sometimes repressed by the more cautious consulting physicians and surgeons, Drs. Francis, Mott, and Stevens. He was by nature a surgeon. He was one of the most dexterous operators he had ever seen, and his ingenuity and fertility of resource were wonderful. He was in no sense a plodder, but was all the time striking out in some new path. Dr. Emmet then gave a synopsis of the work that he accomplished, and remarked that up to the present time the human race had not been benefited to the same extent by any surgical instrument as by Sims's speculum. It had opened up an immense field, in which it had hitherto been impossible to accomplish anything whatever. Among the other instruments and procedures which he had devised or adapted, and which were of the highest service to the gynecologist, were the perineal retractor, the uterine probe, the uterine tenaculum, the use of glycerine and of spongetents, the proper tamponing of the vagina, the probang sponge-holder, the block-tin pessary, and the operation upon the anterior wall of the vagina for procidentia and prolapse of the uterus. While sojourning in Europe, he wrote his *Clinical Notes on Uterine Surgery*, which created such a profound impression throughout the civilized world, and yet which, he himself said, was "simply a voice from the Woman's Hospital." Although this

work was open to many criticisms, its appearance had constituted the turning-point in modern gynecology, or, more strictly, in American gynecology, of which he was the father. It was greatly to be regretted that he had not subsequently revised it, and produced a more systematic and accurate work.

Having spoken of his work in connection with the Anglo-American Ambulance Corps in the Franco-Prussian War, of which he was the head, he alluded to the honors which were showered upon him from every part of the world for his achievements in the field of uterine surgery, and concluded with an eloquent tribute to the noble qualities of his devoted wife, who was the daughter of his old preceptor, Dr. Jones, of South Carolina.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, January 3, 1884.

THE PRESIDENT, R. A. CLEEMAN, M.D., IN THE CHAIR.

BATTEY'S OPERATION.

DR. E. E. MONTGOMERY corrected a statement made in the report of the case of ovariotomy narrated by him at the meeting of December 6, 1883. *Silk ligatures*, not catgut, were used to tie the pedicles.

The convalescence of the patient had been very satisfactory. The temperature did not rise above 99° F. In performing this operation no antiseptic was used; all instruments, sponges, etc., were washed in boiling water, and boiled water was used in washing the wound and abdominal cavity. The mental condition of the patient was such that she was kept constantly under mechanical restraint, and on one occasion, when she had been left alone for a few minutes, she tore all the dressings off of the wound, and at the next visit it was found bare, but no bad results followed. The sutures were removed on the eighth day. Some pain in the lower part of the abdomen and slight fever commenced on the twenty-fifth day, but she has since again improved. Her mental condition is at the present better than it had been for a year before the operation, and she can now converse rationally.

SEPTICÆMIA AFTER ABORTION.

DR. W. H. PARISH reported the following case. A young woman, twenty years of age, came into the Philadelphia Hospital in the finishing stages of an abortion which had been coming on for some days. The cause was unknown, but was probably instrumental. At the time I first saw her, three days after her admission, her temperature was 103° to 104° F., and pulse 150. She had had a chill before admission; her abdomen was distended and tender, and the uterus was very sensitive. The right parotid gland was swollen and painful. It continued to enlarge, and, fearing septicæmia, he gave fifty grains of quinine daily, by rectum, as the stomach was too irritable to retain it. One ounce of whiskey was given by the mouth every hour, day and night. A small quantity of morphia was given to relieve the abdominal tenderness, The pulse and temperature fell rapidly, but the gland continued to be swollen and painful; it was quite hard, and discolored. There were no chills now; but fearing the presence of pus, he made an opening by Hilton's method, incising the skin, and using a director to tear through the gland tissue, which was enlarged by passing a pair of forceps, closed, along the groove of the director, and withdrawing them opened. This opening gave exit to two or three fluidrachms of pus. The gland now improved in appearance, but another abscess opened behind the gland and discharged freely. The two abscesses did not communicate. The patient is now convalescent.

The following were then elected

OFFICERS FOR 1884:

President.—Richard A. Cleeman, M.D.
Vice-Presidents.—B. F. Baer, M.D., W. T. Taylor, M.D.
Secretary.—W. H. H. Githens, M.D.
Treasurer.—Alfred Whelen, M.D.
Librarian and Curator.—T. Hewson Bradford, M.D.
Councillors.—R. P. Harris, M.D., Lewis D. Harlow, M.D., Wm. Goodell, M.D., T. M. Drysdale, M.D.
Publication Committee.—John H. Packard, M.D., James V. Ingham, M.D., Elliott Richardson, M.D., B. F. Baer, M.D.

TORONTO MEDICAL SOCIETY.

Stated Meeting, December 6, 1883.

THE PRESIDENT, I. E. GRAHAM, M.D., L.R.C.P. LOND., IN THE CHAIR.

(Specially reported for THE MEDICAL NEWS.)

DR. MACPHEDRAN presented the larynx, and related the case of a child, aged four, that died from

SPASMODIC LARYNGITIS.

He had suffered from frequent attacks of croup from infancy; otherwise perfectly healthy. Two years ago had a severe attack, and the physician in attendance ordered alum as an emetic, and gave a warm bath. The child was very ill for three days. Since then the same treatment had been followed in each attack, and always with satisfactory results.

On the evening of October 15th, he was apparently perfectly well, suffering from no hoarseness or other signs of cold. At 11.30 P.M. was suddenly awakened by severe dyspnœa, with stridulous breathing. Free emesis was produced with alum, and he was put into a warm bath, after which he was rolled in blankets, but without any relief. The dyspnœa gradually increased in severity, and he died at 2.30, about three hours from the commencement of the attack. The doctor did not see him till about fifteen minutes after death.

Autopsy (twelve hours after death).—Lungs much congested with venous blood; heart normal, left side contracted and empty, the right dilated and filled with venous blood. The mucous membrane of the larynx and trachea was somewhat livid, and there was slight thickening above the vocal cords.

This was a case, doubtless, of subacute catarrhal inflammation of the larynx, in which the irritation caused tonic spasm of the glottis. Morell Mackenzie believes that spasm plays only a secondary part in these cases, the chief cause being a collection of inspissated mucus deposited on the vocal cords during sleep, narrowing the chink of the glottis to such an extent as to impede the free ingress and egress of air; then spasm is excited.

DR. HOLMES recommended turpeth mineral as an emetic in these cases.

DR. CAMERON thought that it would be advisable in such cases to resort to tracheotomy and artificial respiration, even if the case were not seen until a few minutes after death. He had used turpeth mineral; in one case it failed to produce vomiting, but purged the child out of the world.

DR. MACPHEDRAN had also had a fatal result with this emetic. (For full report see THE MEDICAL NEWS, Dec. 22, 1883.)

THE PRESIDENT, DR. GRAHAM, reported the following peculiar

CASES OF EPILEPSY,

showing the first case: H. S., æt. 12, female, came under my observation in October, 1883. Patient was in fair health until about two years ago, when the parents noticed the epileptic attacks. It is probable, however, that she had been previously subject to the disease, but that, owing to the occurrence of the paroxysms at night, they had not been noticed. So far as could be judged from the description, the first seizures noticed were those of ordinary epilepsy. She was immediately placed under medical treatment, and was free from the attacks for about five months. They then returned with increased frequency and severity.

About a year ago, they changed in character. It was noticed that she had frequently spasms of the left leg. These spasms presented all the symptoms of localized epilepsy. She would first experience a pain in the popliteal space; then the limb became rigid, which condition was shortly followed by clonic spasms. The patient would retain her consciousness during the seizure. When, however, the spasm of the leg was more than usually severe, it would end in a general epileptic convulsion, with the ordinary symptoms. During the past year, the spasms have been of three types: first, and by far the most frequent, the localized epilepsy of the left leg; secondly, the spasm of the limb, followed by a general convulsion; and a third variety which occurred very rarely—general convulsion without any previous spasm of the leg. The left leg is always more or less rigid, a condition which gives the patient a very peculiar gait. The patella tendon reflex is not exaggerated on that side.

During the time when the patient was presented to the Society, two spasms of the leg occurred. The symptoms were identical with those already described.

In connection with this case, the President related the following remarkable coincidence. For the histories of the cases, he is indebted to Dr. McAlpine, of Janetville, under whose observation the patients came.

Case I.—Patrick G., æt. 66; married, and the father of a family. He has suffered from epilepsy from his youth, but of late years the attacks have been more frequent. They often occur every two or three hours for days together. He came to Dr. McAlpine on a Sunday afternoon with the following history: He went to bed as usual on the previous evening, and during the night he was awakened by a severe pain in the left shoulder. He then found that he had lost the use of his left arm. The Doctor, on examination, discovered a dislocation of the head of the left humerus backwards. Chloroform was administered, and the shoulder easily reduced.

Case II.—During the following night (Sunday), Dr. McAlpine was called to see a brother of the former patient. He was sixty-two years of age, and had also been the subject of epilepsy. He had gone to bed as usual, and was awakened about midnight with severe pain in the left shoulder. He found his left arm stiffened and useless. There was found a dislocation similar to the one in the former case. It was easily reduced without chloroform.

DR. CAMERON exhibited the brain and read the notes of the case of Mrs. G., æt. 40, married twenty-two years ago, several children, one miscarriage in early days of wedded life, children healthy; husband healthy; previous personal history discloses no ill health. Thin, spare woman; not gray or bald; marked capillary ectasia in skin of nose; no other external evidence of disease or degeneration. Eyesight has deteriorated in last two or three years. Never suffered from any ear-trouble; not subject to headaches. Pulse on admission hard, incompressible, high-pressure. Three weeks ago, patient having previously been in her usual supposed good health, was suddenly seized, while engaged in housework, with pain in the right side and back of head and neck. Soon afterwards an epileptiform seizure came on, followed by unconsciousness which persisted for several hours. When consciousness returned, complaint was made of pain in right side of head and back of head and neck and uncontrollable vomiting for forty-eight hours. Dr. R. H. Robinson, who saw her at that time, found deviation of the tongue to the right on protrusion. Patient's condition then somewhat improved, but in ten days another convulsion, accompanied with similar phenomena, occurred. Improvement seemed to follow brisk purgation. Five days later she was admitted to the hospital. She was then cyanosed and unconscious. Pupils contracted, equal, responding to the stimulus of light. Slight passive divergence of eyeballs. Respiration quick and shallow, no puffing of cheeks or lips on expiration. Pulse hard, incompressible, over 100. Muscular tonicity of right side normal; *partial* left brachial monoplegia. Skin reflexes slightly diminished; tendon reflexes also slightly diminished, certainly not exaggerated. Potassium bromide, aloes, and asafœtida administered; could swallow solid bolus better than liquids.

Next day consciousness returned; bowels had acted; passed urine, asked for utensil; could answer questions rationally. Complained of pain in right side of head and back of head and neck, and also back; could move all four limbs; grasp of left hand weaker than right; legs manifested an irresistible tendency to fall out of left side of bed; had to be pinned in. Urine laden with urates, no albumen; tongue protruded straight.

Next day, felt somewhat better; pain in head and neck persists. Ophthalmoscopic examination—kindly made by Dr. Reeve—entirely negative.

Next day still felt somewhat better; head rotated markedly to the right, any attempt to straighten it is painful. Other symptoms not changed. No marked localized tenderness in scalp. No valvular cardiac lesion. Temperature 101° Fahr. Aneurism thought to be excluded; tumor likewise; syphilitic gummata likewise; embolism probably; hemorrhage not likely, from age and sight of lesion; thrombosis of right lateral sinus, with effusion and pachymeningitis leaned to, but diagnosis not made.

Next day no change; quite rational.

Next day, coma, cyanosis, rapid breathing and pulse; death.

Post-mortem Examination (six or eight hours after death).—Brain: thin layer of blood beneath pia mater and dipping into sulci on right side, and extravasation columnar in shape, half an inch in diameter, extending through the brain substance from half an inch from cortex to the base, being two inches posterior to Sylvian fissure at base, and half an inch at upper surface. Heart, concentrically hypertrophied; no valvular lesions. Lungs somewhat emphysematous; liver healthy; kidneys small capsule adherent, cortex granular.

MR. A. H. WRIGHT presented the following notes of a case of

NEPHROTOMY FOR PYELITIS,

and exhibited the kidneys.

J. P., male, æt. 37, a shoemaker, born in Ireland, admitted to the Hospital April 27, 1883. Nothing special in family or previous history. Thinks he never had gonorrhœa, although he had two sores on penis twenty years ago. Since last September he has had "trouble with his bladder," frequency of micturition, and pain felt near end of penis. At first the pain was worse before micturition, but lately, worse at close of the act. Noticed three small blood-clots in March in chamber after voiding urine. For a short time in March and April a little blood followed urine occasionally. The pain is now very severe; felt near end of penis, especially at close of micturition. Passes water four or five times an hour during the day, and nearly as frequently at night. Unable to work during last two months. Ordered benzoic acid, biborate of sodium, and infusion of buchu.

May 3.—Stricture found in bulbo-membranous portion of urethra, admitting only No. 1 English catheter. Prostate tender per rectum, and slightly swollen. Less pain and frequency of micturition. Blisters applied to perineum. Examination of urine showed abundance of pus cells, a little albumen, specific gravity 1012, acid reaction, no casts. Endeavored after this to dilate stricture by simple dilatation, but failed. Then tried continued dilatation, commencing with a No. 1 English, which was retained three days, after which a No. 2 was used. In twelve days the stricture would only allow the passage of No. 5. Could not find calculus in bladder.

During latter part of May appeared better; had less frequency of micturition; but in June was worse again, and had occasional increase of temperature.

June 19.—Passed a Holt's dilator, intending to "rupture" stricture, but as a severe rigor ensued, it was at once withdrawn.

July 12.—Performed external urethrotomy with a guide, and allowed urine to flow through perineal opening. The stricture was cut through without difficulty. The bladder was explored easily, but was found to contain no calculus, There was abnormal condition of prostate. Bladder apparently slightly contracted. Pain much relieved by operation, and was able to retain urine about two hours; was in good spirits, as he thought his condition vastly improved.

In August it was found that pus still passed; sometimes by the perineal opening, sometimes mixed with urine, and occasionally alone, either at commencement or end of micturition. Sometimes urine appeared quite clear for a day, or a day and a half, and then a quantity of pus would pass, either alone or with the urine. At one time, after an interval of nearly two days, about an ounce of pus passed alone. Careful questioning at this time elicited the fact that there was occasional dull pain in right loin, not descending towards groin, apparently worse before the passage of pus. A careful examination on various occasions showed no certain signs of swelling in this region.

Urine examined frequently without discovering anything new; reaction always acid; some albumen, probably no more than presence of pus would account for; no casts. During this month (August) the perineal wound closed up for a few days, but again opened, and remained so during life; some urine passing through fistula and some through urethra. Occasionally had chills and increased temperature, and attacks of diarrhœa, which were generally easily controlled.

In September he seemed somewhat better, and passed less pus. Worse again at end of month. Had chills, loss of appetite, and irregular—sometimes high—temperature. Slight signs of swelling in right loin suspected.

October 15.—Percussion showed dulness limited to a space not greater than a finger-breadth, midway between last rib and crest of ilium. There appeared to be a slight swelling when two sides were carefully compared. No fluctuation could be made out.

18th.—The large needle of aspirator was introduced between last rib and ilium, six inches from spine. It passed easily into a good-sized cavity, from which seven ounces of pus escaped. Examination of urine showed no special change.

Felt rather better after use of aspirator, but in four or five days diarrhœa returned. Evacuations slightly dysenteric in character.

28th.—Nephrotomy performed with antiseptic precautions, including the spray. Patient under ether, which he took badly. Ordinary lumbar incision, commencing at last rib, three inches from spinous processes, passing downwards and slightly outwards to crest of ilium; passed through portions of latissimus dorsi, and then cut through lumbar fascia and transversalis fascia on a director; then passed finger past outer edge of quadratus lumborum. The tissue behind kidney (principally fat) was scraped away, mostly with finger, when sac came in view. This was seized with a volsellum forceps and opened freely. About six or seven ounces of pus escaped; the edges of sac were then fastened to integument on each side of superficial incision. There was very little bleeding. No vessels tied.

Patient rallied fairly well, and seemed pretty comfortable during evening. Stomach was irritable, and there was some vomiting during night. On following morning condition about same—unable to take much nourishment. At 11 A.M. commenced to sink, and remained very low notwithstanding injection of ether, hypodermically, and nutrient enemata. Died on following day, two days after operation.

Post-mortem Examination (five hours after death).—Body emaciated. Right kidney, capsule thickened and adherent to surrounding tissue; numerous adhesions, especially to ascending colon; kidney tissue partially destroyed. No pelvis could be made out. Ureters much thickened and lumen very small. Left kidney weighed ten ounces.

When this patient was first admitted, he was treated for cystitis and stricture. The stricture was very obstinate, and prevented exploration of bladder. The perineal blisters were expected to relieve the prostatitis, if any existed. The perineal section was performed for three purposes: 1st. To cure the stricture; 2d. To relieve the cystitis; 3d. To explore the bladder. It was very satisfactory for all three purposes, the only drawback being the continuance of the fistula. It was found quite easy to explore the whole of the interior of the bladder. The exploration showed the bladder to be comparatively healthy. It was not until after this that pyonephrosis was suspected, but it was extremely difficult to discover any physical signs of such in the loin. This may be partly understood by an examination of the sac, which was composed of the capsule and a very small portion of kidney substance. The sides of the pelvis were to a large extent agglutinated. The sac and its contents occupied the normal position of the kidney, and filled but little if any more space than the left kidney, which weighed ten ounces. Generally, in such cases, the pelvis and ureters are largely dilated, and form part of the sac. Under these conditions the swelling often extends beyond the median line, and can be easily detected.

As the other kidney was fairly healthy, and had evidently secreted all the urine for some time, and as the other organs were in pretty good condition, it is quite likely that earlier operative interference would have prolonged the patient's life considerably. It seems likely that the stricture was the origin of the trouble, causing first cystitis, after which the inflammation extended up the right ureter to the pelvis and substance of kidney.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, December 19, 1883.

THE PRESIDENT, WM. M. WELCH, M.D., IN THE CHAIR.

DR. ARTHUR V. MEIGS presented

PROOF THAT HUMAN MILK CONTAINS ONLY ABOUT ONE PER CENT. OF CASEIN; WITH REMARKS UPON INFANT FEEDING.

Nearly two years ago, in a paper upon "Milk Analysis," Dr. Meigs described the method he had worked out, and briefly detailed his results. The main conclusion was that human milk never contains more than about one per cent. of casein, and this observation he then claimed to be a new one, and very important, as showing how we should feed infants so unfortunate as to be deprived of their natural sustenance. A year ago or more, he delivered a lecture to the class at the Pennsylvania Hospital, which was subsequently published in THE MEDICAL NEWS of November 4, 1882, in which he described a plan of feeding deduced from the results of numerous experiments and analyses. He now offered proof that the results arrived at by the method of analysis are correct, and he then proceeded to make some suggestions about the proper method of infant feeding.

In the endeavor to find a food which shall be the best for infants who have to be hand-fed, he said, there are two considerations, either of which might be selected as the basis from which to start. In the first place, the desired goal might be attained by making trial of all sorts of foods, and these being put to the test of experience, the good would be retained and the bad gradually weeded out, until at last perhaps the most suitable would be found, and slowly introduced. On the other hand, the desired end might be attained by trying to produce a food which should be, as nearly as possible, like what nature has provided for the infant. Many trials have been made in the past by both these methods, but to the second one justice has never been done; for, if his conclusions are correct, a proper understanding of the composition of human milk, from which to start, has been wanting.

The artificial food which Dr. Meigs recommends is, upon theoretical grounds, what a food for infants should be; for in the artificial food the elements have been introduced in the same proportions as they exist in human milk. For a long time the great majority of writers upon infant diseases and diet have recommended that cows' milk should be diluted before giving it to young infants; and this, they all agree, is because it contains too much casein, which causes a curd that only infants of the strongest digestion can with safety assimilate.

The necessary data being now at hand, it is comparatively easy to construct a food which shall, at least, be more nearly what is needed than any previous one. In making such a food there are two matters to be considered: the proximate constituents must be in the same relative proportions as they are found in human milk, and they must be in a medium which shall be, as human milk is, alkaline. This latter end is easily accomplished by the use of a due amount of lime-water, and is justified by the fact that it is a matter of experience, almost universally acknowledged as true, that it is a most useful adjunct, rendering cows' milk more easy of digestion by the human stomach. The quantity of lime-water to be used should be one-fourth of the total by measure. This may seem to many persons an excessive quantity, but when it is understood that if made as ordinarily directed, by agitating water with lime and then filtering, it contains only two decigrammes of lime in each litre, it becomes plain that the use of lime-water means the administration of a great deal of water and very little solid matter.

The experiments show that the addition of lime-water alters the coagulability of the casein when experimented with, whatever may take place in the stomach. Whatever may be the value of these artificial experiments, the great reason for the use of lime-water is that experience has found it good.

So far as bringing the other proximate constituents to like proportions with those in human milk, the first step must be so to dilute with water as to get the desired quantity of casein; the fat and sugar can be increased by the use of the necessary quantities of cream and commercial milk-sugar. Taking the averages of cream and good city milk, it will be found by calculation that if there be mixed together ten cubic centimetres of cream, five cubic centimetres of milk, ten cubic centimetres of lime-water, and fifteen cubic centimetres of water, with two and two-tenths grammes of milk-sugar, the desired mixture is had.

The easiest way to prepare and use the food is as follows: there must be obtained from a reliable druggist packages of pure milk-sugar containing seventeen and

three-quarters drachms each. The contents of one package are to be dissolved in a pint of hot water, and it is best to have a bottle which will contain just one pint, as there is then no need for further measuring. The contents of one of the sugar packages are put into the bottle, and when filled with hot water the sugar soon dissolves, and it is ready for use. The dry sugar keeps indefinitely, but after it is once dissolved it sours if kept more than a day or two in warm weather; it is understood, therefore, that the sugar-water must be kept in a cool place, and if it should at any time become sour, as is easily discovered if it is smelled and tasted, it should be thrown out, and after the bottle has been carefully washed with boiling water, the contents of a fresh package dissolved. A milkman must be found who will serve every day fresh, good milk and cream. By good milk is meant ordinary milk, such as is easily procured in most cities, and not rich Jersey milk; and in the same way the cream should be such as is ordinarily used in tea and coffee, and not the very rich cream of fancy cattle. The reason that ordinary milk and cream are recommended, is because they are within the reach of almost every one. When the child is to be fed, the nurse should mix together two tablespoonfuls of cream, one of milk, two of lime-water, and three of the sugar-water, and then as soon as the mixture has been warmed it may be poured into the bottle and the food is ready for use. If the infant is healthy, this quantity will not satisfy it after the first few weeks, and then double the quantity must be prepared for each feeding.. Twice as many tablespoonfuls of each of the ingredients must be mixed together, making sixteen tablespoonfuls (about half a pint) in all.

This food should not be given any stronger until the child is eight or nine months old at least; but if the infant is a healthy one, it may take as much of it as it wants, but always of the same strength. A robust infant will often take three pints, or even more, in each twenty-four hours. It is an easy matter for any one to learn how to make the lime-water; and it is advisable to have it made at home, for a great deal is used, and if it is made at home much trouble and expense are saved.

With regard to the propriety of increasing, from week to week, the strength of any artificial food given to infants, there has been some question. Most authorities have advised that the foods should be increased in concentration until finally the infant is given pure cow's milk. The propriety of this procedure, during the earlier months of life at any rate, is very doubtful. Although there is some reason to believe that the quantity of solid ingredients in human milk increases from month to month as lactation goes on, such an opinion should be accepted only with great caution, for it seems likely that if there is any increase in the concentration of the milk after the colostrum has once disappeared, and the nursing process has settled down into its even course, the increase is so slight that it may be disregarded. Analyses show that the milk of a woman whose child is two months old does not differ materially from that of one whose child is twelve or fifteen months old. If, then, nature has made no difference, which our means of analysis will detect, between the milk of a woman who has been nursing two months, and one who has nursed twelve, an artificial food which has been found to suit an infant of two months, should be made more concentrated only very gradually, and with careful observation of the effect upon the health of the infant. It is best, therefore, if the infant thrives and grows as it should, not to make any change in the food until after six to nine months of age have been attained.

NEWS ITEMS.

BALTIMORE.

(*From our Special Correspondent.*)

THE NEW BIOLOGICAL LABORATORY OF THE JOHNS HOPKINS UNIVERSITY was formally opened on the evening of Wednesday, January 2d. Prof. H. N. Martin delivered an address on "Modern Physiological Laboratories: What they are and Why they are." After the address, the audience inspected the building.

PARIS.

(*From our Special Correspondent.*)

WIRING THE FRACTURED PATELLA.—THE MEDICAL NEWS of December 1, 1883, contains an editorial on the treatment of fractures of the patella by suture of the fragments. La Société de Chirurgie de Paris has recently had this question up for discussion, and a brief *résumé* of the opinions expressed by the surgeons of the French capital on this subject will be of interest.

Some months ago, M. Beauregard, of Havre, presented to the Society a case upon which he had performed osseous suture of a fracture of the patella, one day after the receipt of the injury. Success was not complete, and M. CHAUVAL, who was requested to make a report on the case, did not express himself as entirely in favor of the operation. M. Chauval has collected forty-three analogous cases, of which three died, and amputation had to be resorted to in one. In thirty-three cases, the results were good in twenty-eight, bad in five. Atrophy and weakness of the limb, after the operation, are the rule; fibrous union is more usual, osseous union being the exception. M. Chauval thinks that in case of old fracture of the patella, with functional weakness of the limb, osseous suture is a useful operation, and should be resorted to; in recent fractures it should be solely reserved for those cases in which coaptation of the fragments is absolutely impossible by any other means. He states that one is not likely to die from a fracture of the patella, while an arthrotomy may be fatal, which should render the surgeon cautious. If, however, the operation is performed, every antiseptic precaution should be rigorously observed, and the limb should be placed in an immovable apparatus, and retained there for a month.

M. LUCAS-CHAMPIONNIÈRE referred to Lister's seven cases, and thought that immediate osseous suture in fracture of the patella was a good operation when performed with antiseptic precautions. He said that the statistics of M. Chauval were made up of dissimilar cases, taken from several surgeons, and that Mr. Lister's results should not be compared with those of inexperienced surgeons, who have failed where the surgeon of London has succeeded.

M. L. G. RICHELOT said that the main object to be

sought for in treating fractures of the patella, was to assure a useful limb; but loss of function does not depend on the separation of the fragments alone, but also on atrophy of the rectus femoris, which frequently occurs in fracture of the patella. There are patients who have recovered from the fracture itself, there being no separation of the fragments, but who cannot walk because of an atrophied biceps femoris. Others, again, walk well, in spite of a separation of six, eight, or ten centimetres or more, because this muscle is not atrophied. In the former it is not suture of the separated fragments that is needed, but electrization of the biceps. Admitting, then, that antiseptic arthrotomy is a good operation, it is necessary, before performing it, to be assured that it is really demanded, and only after having ascertained that the biceps is not atrophied; for union of the fragments will be of no avail if the muscle inserted into the upper fragment is powerless.

M. GILETTE had had two cases of suture of the fragments, one being a compound fracture, the other an old fracture with troubles of locomotion, which none of the ordinary means could relieve. He entirely adopted the views of M. Richelot as to the value of functional activity of the biceps.

M. VERNEUIL absolutely rejected the operation of suture of the fragments; he considered it as more dangerous than the affection for which it was performed. Where there is no wound, two plates of plaster of Paris, held together by a caoutchouc tube, suffice to hold the fragments in position, the limb being placed in a gutter; when the fracture is compound, the same apparatus, held by a band around the whole limb, and the gutter are sufficient for treatment. He agrees with M. Richelot, that functional impotence of the limb is due especially to paralysis of the biceps. Several cases of this nature have been reported by M. L. H. Petit, and there can be no doubt as to the facts. (The cases alluded to by M. Verneuil were published in *L'Union Médicale*, Nov. 29 and Dec. 1, 1883, Nos. 169 and 170.)

MM. FORGET and LABBÉ fully agreed with M. Verneuil. MM. LE FORT and DEPRÈS protested, with M. Verneuil, against antiseptic arthrotomy and osseous suture in these cases.

M. TRÉLAT thought that the operation should never be performed in recent operations; that an indication for it might exist in certain rebellious cases which resisted all treatment, but that he had not yet encountered any. However, he did not absolutely reject the operation in old cases.

M. LARGER presented a patient who had sustained fracture of the patella four times, twice on each side. The separation amounted to one and one-sixth inches on the right side, and to more than four and two-thirds inches on the left; nevertheless the patient walked very well, as the muscles are sound, which confirms the views of MM. Verneuil and Richelot. In certain cases, as reported by M. Richelot, the movements of the limb are preserved in spite of atrophy of the biceps and separation of the fragments, when the ligaments uniting the two vasti to the lower fragment are not ruptured. M. Picqué has published cases confirmatory of this opinion in *L'Union Médicale*, Dec. 4, 1883, No. 171. M. Henriot has also published in the same journal, Dec. 9, No. 174, another and more curious case. The patient had a fracture of the patella, without separation of the fragments, and he could not walk because the biceps was atrophied. Electricity restored the muscle, which then caused an elongation of the callus, as yet but little solid, and a separation of the fragments of about three and one-sixth inches. Nevertheless the solidity of the limb was much greater than before the separation, on account of muscular atrophy, and the patient walked better than before the separation.

M. Pozzi has very recently presented to the Société de Chirurgie, an insane patient upon whom he has practised suture of the fragments with success. M. Pozzi is a partisan, generally, of suture in recent fractures, but in this case he did it through necessity, on account of the restlessness of the patient.

The Société de Chirurgie is not, then, favorable to suture of the fragments in the treatment of old or recent fractures of the patella.

COLLEGE OF PHYSICIANS OF PHILADELPHIA—ANNUAL MEETING AND ELECTION OF OFFICERS.—The annual meeting of the College of Physicians was held January 2, the President, Dr. Alfred Stillé, in the Chair. The President read his annual address, which was a review of the work of the past year and an historical retrospect of the life of the college.

The result of the balloting for officers and standing committees for the year 1884 was as follows:

President.—Dr. Samuel Lewis.

Vice-President.—Dr. J. M. DaCosta.

Secretary.—Dr. Richard A. Cleeman.

Treasurer.—Dr. Charles Stewart Wursts.

Honorary Librarian.—Dr. J. H. Hutchinson.

Recorder.—Dr. J. Ewing Mears.

Censors.—Drs. Lewis Rodman, Edward Hartshorne, Wm. Goodell, and Alfred Stillé.

Councillors.—(To serve until January, 1887.) Drs. S. W. Gross and James C. Wilson.

Committee on Publication.—Drs. James H. Hutchinson, Robert P. Harris, and A. V. Meigs.

Library Committee.—Drs. S. Lewis, Walter F. Atlee, I. Minis Hays, S. W. Gross, and Morris Longstreth.

Committee on Mütter Museum.—Drs. Wm. Hunt, S. Weir Mitchell, and John H. Brinton.

Hall Committee.—Drs. Edward Hartshorne, Lewis Rodman, T. H. Bache, W. S. Forbes, and H. Y. Evans.

Committee on Lectures.—Drs. Samuel D. Gross, Joseph Leidy, William Goodell, William F. Norris, and John H. Packard.

Committee on the Directory for Nurses.—Drs. W. W. Keene, A. H. Smith, and Wharton Sinkler.

PHILADELPHIA COUNTY MEDICAL SOCIETY'S ANNUAL MEETING.—The annual meeting of the Philadelphia County Medical Society was held on January 2d in the Hall of the College of Physicians—the President, Dr. William M. Welch, in the chair. Reports of the Standing Committees and of officers were received and filed. The following officers were then elected to serve during the ensuing year:

President.—Dr. Wm. M. Welch.

Vice-Presidents.—Drs. Wm. S. Forbes and S. R. Knight.

Recording and Reporting Secretary.—Dr. Henry Leffmann.

Corresponding Secretary.—Dr. M. S. French.
Treasurer.—Dr. L. K. Baldwin.
Censor.—Dr. H. St. Clair Ash.

Two female physicians were applicants for membership, but were defeated, receiving only one-third of the total vote cast.

THE BOSTON DIRECTORY FOR NURSES.—It is stated that the net profits of this institution for the last year were $1200. This handsome sum is devoted to the use of the library of the Boston Medical Library Association.

CONDITIONAL BEQUEST TO HARVARD UNIVERSITY.—The will of the late Dr. Calvin Ellis contains a conditional bequest of $50,000 to Harvard College for the establishment of scholarships. If certain legatees mentioned in the will die without issue, the bequest is to take effect.

ARMY MEDICAL MUSEUM.—DR. JOHN S. BILLINGS has been placed in charge of the Army Medical Museum. This position will not interfere with his duties in connection with the Library of the Surgeon-General's office.

WOMEN STUDENTS AT THE PHILADELPHIA HOSPITAL.—There are about fifteen students at the Woman's Medical College in Philadelphia, fitting themselves as medical missionaries in Asia and elsewhere. Three of them, we understand, attended last Saturday's medical clinic at Blockley—the only women among about one hundred and fifty young men. The lecturer was late, and the class, in their impatience and enforced idleness, began some noisy demonstration, directed, evidently, to the delinquent teacher, but later apparently intended for the women present, not so much in the way of serious insult as of playful banter. Miss A. M. Fielde, one of their number—one of the most widely known and eminent missionaries in China—arose on the inspiration of the moment and amidst instant and most respectful silence, spoke as follows: "Gentlemen: I have been for eighteen years a missionary in China. The Chinese have no medical science, and superstitious rites are chiefly relied on in the treatment of disease. *All* the people are in need of medical aid, but the *women* are the *neediest.* A Chinese woman would under no circumstances go to a male physician for the treatment of any disease peculiar to her sex. She would be prevented by her own womanly delicacy and by all the notions of modesty held by those around her. She would suffer lifelong agony rather than violate her sense of propriety. Her father, her brothers, and her husband would even let her die rather than allow her to be treated by a male physician. Full of sorrow for the sufferings of these women, I have been looking in Christian America to see what hope of help for them might be here. I have been glad to find that in some of our great medical schools earnest and self-sacrificing women are fitting themselves for a work of mercy in Asia and other lands. Unless such women learn to do such work well there is no physical salvation for those afflicted ones. And in behalf of those women, who have no medical care while they so sorely need it, I ask from you the courtesy of gentlemen toward ladies who are studying medicine in Philadelphia." The whole class responded to her earnest address with a cheer, and one of their number, rising, assured the ladies that they had no intention to annoy them. Evidently a new aspect of the case had been presented to many of them, and one which claimed their respect and sympathy.

DR. WILLARD PARKER, of New York, whose condition has been unchanged for several weeks, at last accounts was resting more easily. His great age and the long siege of sickness through which he has passed render his recovery improbable. He may linger an indefinite time; and his death may be expected at any moment.

THE BELLEVUE HOSPITAL TRAINING SCHOOL FOR NURSES.—The Society of the Training School for Nurses attached to Bellevue Hospital held its eleventh annual commencement last Tuesday evening, and twenty-seven young women received diplomas, after which an address was made by Dr. T. Gaillard Thomas. The annual report stated that the school was opened in 1873 by thirteen women, to whom was intrusted the nursing of four wards in Bellevue Hospital. It now numbers sixty-four pupils, and has charge of 258 beds in fourteen medical and surgical wards, the Sturgis and Marquand Pavilions, and the Emergency Hospital attached to Bellevue. The school also nursed 125 private cases last year. Since its opening 105 nurses have been graduated, of whom 25 are engaged in hospital work and 137 in private nursing. There were 813 calls for private nurses last year, of which 184 had to be declined, all the nurses being engaged at the time of application. Over 300 applications for entrance to the school were received, but only forty of the applicants were accepted.

EPIDEMIC OF MEASLES IN BALTIMORE AND WASHINGTON.—An epidemic of measles at Baltimore, Md., has been officially reported to the Surgeon-General, U. S. Marine-Hospital Service. The Health Officer at Washington, D. C., also reports an epidemic of this disease in that city, and gives the total cases, up to December 31, as having been at least five thousand. Scarlet fever is also becoming quite prevalent in both cities.

YELLOW FEVER IN MEXICO.—The United States Consul at Guayamas, in a letter to the Secretary of State, dated December 12, 1883, says: "The so-called yellow fever has almost disappeared from the State; no cases now in the port, and the port authorities grant clean bills of health to vessels departing.

"In the capital of the State, Hermosillo, a few cases of a mild type are said to exist. During the past month but fourteen deaths from all diseases occurred at this port, seven of which are said to have been from the so-called yellow fever—among them were M. F. Chapin, of Maine; O. N. Funk, of Michigan, and an Englishman named F. Jolly.

"It is to be hoped that this fatal fever will never return to this coast; its ravages during the months of August, September, and October will long be remembered by the people of Sonora."

Assistant Surgeon Main, of the Marine-Hospital Service, reports, under date of December 23, that there are still scattered cases of yellow fever at Manzanillo. Mor-

tality ninety-two per cent. Quarantine has been raised on the Guadalajara road, but continues in force against vessels from the south. The "Captain of the Port" is reported as having been removed for not enforcing quarantine restrictions with sufficient vigor—his office includes that of a justice of the peace. At Acapulco the yellow fever still continues in a mild form, and has not at any time been so malignant as at other points in Mexico.

YELLOW FEVER AT HAVANA.—The yellow fever deaths at Havana for the three weeks ending December 29, 1883, are reported by Inspector Burgess to have been twenty-seven.

THE CHOLERA IN EGYPT.—The National Board of Health has information of the continuance of the cholera in Alexandria from Judge Farman, an eminent Judge of the International Tribunal of Egypt, Cairo, who says: "There are from one to three cases a day resulting in death, and many more in which the attacked recover." According to the previous history of the disease in Egypt, it will probably continue all winter, and perhaps much longer. He estimates the number of deaths from cholera during the past summer at double that given in the official reports. The United States Consul-General at Cairo reports the official estimate to be 48,000 to 50,000. After the cholera epidemic of 1865 there were isolated cases for two years. The general state of health, aside from cholera, has been bad at Alexandria. Fever in various forms has been, and still is, quite prevalent.

CONSULAR HEALTH NOTES.—The U. S. Consul at Rio reports to the State Department, that "after a lapse of twenty-four days the yellow fever has again commenced, and that the weather is very hot and dry at Rio de Janeiro."

The U. S. Consul at Buenos Ayres also reports the reappearance of yellow fever in that city.

The U. S. Consul at Calcutta states that the cholera is decreasing in India, only forty-four deaths having occurred from that disease at Calcutta during the two weeks ending November 10, 1883.

THE HUTCHINSON TESTIMONIAL.—On Thursday evening, November 29th, MR. JOHNATHAN HUTCHINSON was the guest of the past and present students of the London Hospital. About one hundred and fifty gentlemen sat down to dinner under the presidency of Sir Andrew Clark, Bart., and, during the course of the evening, Mr. Hutchinson was presented with the testimonial subscribed for by a large number of his old pupils and friends. Sir Andrew Clark, in making the presentation, delivered an eloquent and most effective address; he recalled the memories of the earlier days, when Mr. Hutchinson was an earnest, thoughtful, fervent student in the wards of the hospital which owed not a little of its renown to the world-wide fame of the surgeon who has just ceased active association with its work. Mr. Hutchinson, in reply, briefly sketched the history of his own life, and traced the development of his own mind. He insisted on the intellectual training to be obtained from a constant study of the poets of our native land, and attributed a great part of his life's successful work to the early education he received as an apprentice to a conscientious practitioner, and as a pupil in the small medical school of York, where he alone constituted the whole class in many subjects, and so enjoyed the undivided attention of his teachers.—*Brit. Med. Journ.*, December 8, 1883.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending December 29, 1883, indicate that pneumonia has greatly increased, that inflammation of the kidney, whooping-cough, diarrhœa, intermittent fever, and influenza have increased, and that rheumatism, consumption, and remittent fever have decreased in area of prevalence.

Including reports by regular observers and others, diphtheria was reported present during the week ending December 29, and since, at ten places, scarlet fever at seventeen places, and measles at seven places.

OBITUARY RECORD.—Died suddenly of angina pectoris, on January 5, at the office of Dr. H. I. Bowditch, Boston, Massachusetts, THOMAS W. PERRY, M.D., of Providence, Rhode Island, aged sixty years.

Dr. Perry was born in Hopkington, Rhode Island, and began the study of medicine with his father, a physician of repute, and afterwards studied with Dr. Bowen, of Thompson, Connecticut. Graduating from the New York University Medical School, he practised first in Putnam, Connecticut, and while there married a daughter of Lemuel H. Grosvenor, of Pomfret, Connecticut. Subsequently he removed to Central Falls, Rhode Island, and thence to Providence, where, for many years, he was in partnership with the late Dr. George Capron. During the war of the Rebellion, he was, for nine months, surgeon of the Eleventh Rhode Island Regiment.

Dr. Perry was a successful practitioner and a man of genial and kindly instincts. He had had symptoms of his fatal disease for some time, and went to Boston for the purpose of consulting Dr. Bowditch, after entering whose office he immediately expired.

——DR. JOHN A. ROGERS, of Paterson, New Jersey, died in that city on December 30th, of typhoid pneumonia, at the age of thirty-one years.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM DECEMBER 31, 1883, TO JANUARY 7, 1884.

APPEL, DANIEL M., *Captain and Assistant Surgeon.*—Having relinquished the unexpired portion of leave of absence granted by S. O. 68, Headquarters Division of the Atlantic, November 16, 1883, and reported for assignment, assigned to duty at Fort Porter, N. Y.—*Par. 2, S. O. 247, Department of the East, December 29, 1883.*

HARVARD, VALERY, *Captain and Assistant Surgeon.*—Assigned to duty in charge of office of Medical Director, Department of Texas, during the temporary absence of that officer.—*Par. 2, S. O. 164, Department of Texas, December 31, 1883.*

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*